STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

.... Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and aumber.)

MEDICAL CERTIFICATE OF DEATH (Day) CERTIFY. That I attended the deceased and that death occurred on the date stated above, atmoz.... de

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

State.....yrs......mos.

DATE OF BURIAL

* more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S

REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association:)

Whatever, write None. fired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer state occupation at beginning of illness. If retired from or given up on account of the disease causing heath, gaged in domestie service for wages, as Scruant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremen, etc. But in many fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc applies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces without more precise specification as Day

Lodar pneumonia, Bronchopneumonia ("Pneumonia," fever (the only definite synonym is "Epidemie cerebjo." spinal meningitis"); Diphtheria (avoid use of "Croup") II Tuphoid fever (never report "Typhoid pneumenia"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-

> Nomenelature of the American Medical Association.) ment of eause of death approved by Committee head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The na ture of the injury, as fracture of skull, and conse train-accident; Revolver wound of head-homicide, as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF rhage," "Inanition," "Marasmus," "Old Age," "Shock," Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemor vulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Con conditions, such as "Asthenia," "Anacmia" ary), 10 ds. Never report mere symptoms or termina causing death), 29 ds.; Bronchopneumonia (second stated unless important. use of "Tumor" for malignant neoplasms); Measles; mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, etc. The contributory (name orlgin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valentar heart disease, unqualified, is indefinite); Tuberculosis of lungs, men FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) (Recommendations on state Example: Measles (disease (merely

the c tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all quescertificate is permanently filed All the data is essential and must be obtained

PHYSICIANS should state . Every item of infor-Exact statement of OCCUPA-IS A PERMANENT RECOKE stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. , WITH UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. B.—WRITE PLAINEI

FOR BINDIA

MARGIN RESERVED

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County I muce Georges	Registration Dist. No. 252
Village or City Upper moreboro	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harvey Juthan (a) Residence: No. Upper moulto	- Divers
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
mole white OR DIVORCED (write the word)	(Month) (Dey) (Yeer)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
- Juneuro	- , to , 19 , 19 , 19
6. DATE OF BIRTH (month, dey, end yeer) Lebel 24, 1876	I last saw h; deeth is said
7. AGE Yaars Months Deys If LESS than	to have occurred on the date stated above, etm.
50 5 26 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es tollows:
8. Trade, profession, or particular kind of work done, as SPINNER, Clarage SAWYER, BOOKKEEPER, etc	This over ly a com
9. tndustry or business in which work was dona, es SILK MILL.	Aulsood
10. Dete deceased last worked at 11. Total time (yeers)	
this occupation (month end 934 spent in this 23	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
II 13. NAME inchael Buen	•
13. NAME inchael 7 Such 14. BIRTHPLACE (city or town)	Neme of operation
(Stete or country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME many Elizabeth Hill 16. BIRTHPLACE (city or town)	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
11m 5 P	Where did injury occur? (Specify city or lown, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) () As allow	Public Place
18. BURIAL, CREMATION, OR REMOVAL Place Pikesvillo Md. Date 3 - 22 193/	Menner of injury couped durater have have a large of injury Couped of many lad
19. UNDERTAKER Ritalie Bros. (Address) Ruther add.	24. Was disease or injury in any way related to occupation of deceased? If so, specify Those Day Market Coros
20. FILED Manch 2-1, 1931 Nome of Suith. Registrar.	(Signed) M.D. (Address) Lestulle M.D.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory caused of importance Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH should state infor-OCCUPA 1. PLACE OF DEATH item Village or City Length of residence In city or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3_SEX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, DtVORCED (white the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than I dayhrs. or____min 8. Trede, profession, or particular kind of work done, as SPINNER, & SAWYER, BDDKKEEPER, etc. Jo back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc... occu 1D. Date deceased last worked at instructions on 11. Total time (years) this occupation (month and spant in this occupation ... 12. BIRTHPLACE (city or town) (State er country) CAUSE OF DEATH in plain terms, FATHER See 14. BIRTHPLACE (city or town (State or country) mation should be carefully MOTHER is very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town (State or country 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR WRITE LION 19. UNDERTAKER (Address) Registrar.

was	Registration Dist. No. 23
Rushing	
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
aelly, Brewer	
will williams	
Usual place of abode)	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DtVORCED (write the word)	Mar- a-1 , 193 ↓
	Mich (Month) (Day) (Yeer)
VO NE MONT	22. I HEREBY CERTIFY, That I attended deceased from
4 012000	, 19. , to
100 14, 1911	I tast saw h _ alive on well
onths Deys If LESS than	to have occurred on the date steted above, at 1470 much
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
ormin.	were astations of Data pages
NER, Harrenge	09 0149 from 2 0 personal 423 0 9 1
L,	,
12. Takalaina (
11. Total time (years) spant in this	
occupation	04-0-13-1-0
dusty Ill	Other Contributory Causes of importance:
χ	httelighten
(2000)	
muey	
Xallendonia aux	Name of operation Date of
	What test confirmed diagnosis? Was there an aulopsy? W
w worde	23. tf deeth was due to external causes (VIOL ENCE) fill in also the following:
0-	920
elling Ild	Accident, suicide, or homicide? Date of Injury, 19
0.11	Where did Injury occur? (Specify city or town, county and State)
Corroll 1 11	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
and or e thing	
100	Menner of Injury
9 Date Mar 26, 1931	Neture of Injury
	24. Was disease or injury in any way related to occupation of deceased?
usoury med	If so, specify Hoover
m. (Noshiels)	(Signed) M. D.
Registrar.	(Address) 1717 36 N
If more blanks are needed, address State Revistrar.	2411 N. Charles Street, Balispill Regulation V. S. No. Y.
,	Common of the control

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Exa	mple I		Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	400 d 100	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREARY	July 5, 1927	Peritonitis	3 days ago
		· 55. /		
	•			
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones	7	May 1,1923	Gastroenteritis	1 year
	1			

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ADDITIONAL SPACE FO	N FUNTHER STATEMENTS DI	FILISICIAN

S. No. 1

-	1 PLANE OF PEATH	03381
4	County Truck Seoi,	STATE OF MARYLAND CERTIFICATE OF DEATH
1	0.11.011.01 11.1	Registration Dist. No. 242
Ifleate.	Village or Cial Button of 19 100 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ward) (If death occurred in a hospital or institution, give its NAME i, stend of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE MARRIED, WIDWED, OR DVORCED (Write the word)	16 DATE OF DEAT WARCH, 104, 1931
d no suo	6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year)
matructi	7 AGE O yrs. mos. 2 ds. or 4 min.?	and that death occurred on the date stated above, at 9 40 cm. The CAUSE OF DEATH * was as follows:
t. See	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
rtan	business, or establishment in which employed or (employer)	(Duration) yrs. mos. 6 ds.
mpo	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds
s very	10 NAME OF FATHER OWN & BUM.	(Signed)
2	OF FATHER (State or Country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1	of Mother 13 BIRTHPLACE OF MOTHER	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
	(State or country)	of death yrsds. Stateyrsds. Where was disease contracted.
lent o	(Informant)	if not at place of death? Former or usual residence
piaiei	(Address Seat Pleasant)	Oak from Va 3/12, 193/
	File March 10 1981 Lrace Now	W= H. Said + Co 4/2-24 3. 6
	If more branks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Wast. D. C.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Mulionary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, definite salary, may be entered as Housewife, House en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, Physician, Compositor, business, that fact may be indicated thus; Furmo state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DE Housemaid, etc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, whatever, write Nonc. Foreman, (b) Automobile factory. to know at the kind of work and in domestic service for wages, as Servant, Cook or At Home, and children, yrs). For persons Farm laborer, without more precise specification as Duy many of Occupation-Precise statement of ococcupations a If the occupation has been changed Laborer-Coal mine, etc. Archilect, who have no occupation single word or term on Lacomotive engineer, not gainfully em-The materia But in many also (b) the Grocery, Wom-MILIT

spinal meningitie"); Diphtheria avoid use of "Crouped term for the same dise.se. Examples: Cerebros Statement of Cause of Death-Name, first, the Typhoid fever never report "Typhoid fever (the only definite synenym is "Epidemic cer EASE CAUSING DEATH the princip affection with respect pneumonia, and causation), using always the same accept-Bronchopneumones Pneumonia"); ("Pneumonia

> American Medical Association.) Recommendations on statement of cause of 10 ds. telanus) may be stated under the head of "contributory." "Enhaustion," "Heart "Old Age, "Old Age, " ofc... when a de causing stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite; Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, Whooping as fracture of skuil, and consequences le. g., sepsis carbolic acid - probably suicide. The n.ture of the injury accident; Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway traintaken. Inanition, " "Waranuss," etc., when a definite disease
>
> Uraemia, " "Weakness," etc., when a definite disease "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi ascertained death). 29 ds.; Bronchopneumonia (secondary) FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid interstitial nephritis, cough; ("Congenital," "Senile," on," "Heart failure." or intercurrent) affection as the cause. (Thronic valvular heart disease ctc. The contributory Nomenclature " etc.), "Dropsy, Always qualify all "Haemorrhage, need " "Shock, Poisoned by not be

inswered in detail, it will prevent further correspondence. All the derminently filed.

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1931

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	of	plu	000	
	PERMANENT RECOKE. Every item of infor-	d EXACTLY. PHYSICIANS should state	erly classified. Exact statement of OCCUPA-	
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DI	IAN	AC	assif	
BIN	ERN	EX	r cl	4
	7	7	F	cate.

	JE MARTLAND-	CERTIFICATE OF DEATH 03	382
1. PLACE OF DEATH	d>	95-6	
County Prince fee	/ / /	Registration Dist. No. 2 3 d	
Village or City University	delo ruel	ND. St., If death occurred in a hospital or institution, give its NAME instead of street and n	Wa
Length of residence in city or town where		sds. How long in U. S. If of foreign birth?yrsmos	
2. FULL NAMES TELEX	Campbell		
(a) Residence; Np.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and S	Rate
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Lolor or RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 (Month) (Day)	198 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	<i>.</i>	22. I HEREBY CERTIFY. That lattended d	eceasod f
6. DATE OF BIRTH (month, day, and year)	2411-1854	2/28	death is
7. AGE Years Month's	Days If LESS than	to have occurred on the date stated above, at 11 Pm	
77 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc.	Teacher	Central appoply	Bate of on
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.			
1D. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
yaar)	occupation	Dther Coutributer Causes of Importance:	7
(State or country)	· cuffunq	Cardiounal sis	19
13. NAME Willenow.	×	Cardionnal dis	
14. BIRTHPLACE (city or town)————————————————————————————————————	knows	Name of operation Date of	
(State or country)		What test confirmed diagnosis? Was there an au	loney? Z
15. MAIDEN NAME Trucken	lown	23. if death was due to extarnal causes (VIDL ENCE) fill in also the following:	topsy: Se a
15. MAIDEN NAME CONCRETE 16. BIRTHPLACE (city or town). Concrete (Chata or country)	keyown	Accident, sulcide, or homicide?	
(Stata or country)			
17. INFORMANT Bro. Clus (Address)	eslin	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	CE.
18. BURIAL, CREMATION, DR REMOVAL		Manner of injury	
Placed lumendale Ma	Date 19/ 90 , 19-31	Natura of injury	
19. UNDERTAKER OF COURSE	Taiser	24. Was disease or injury in any way related to occupation of deceased?	co
	1 0 1	(Signed) /3 A Warren	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes Date		DI	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		1 1 1	The principal cause of death and related causes of importance were as follows:	Date of onset
		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	BURLAUV	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUGGA	July5,1927	Peritonitis	3 days ago
	and the same of th			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BIND

RESERVED

MARGIN

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of onset of importance were as follows:
Arteriosclerosis	1915	Attack of epilepsy Lweek ago
Chronic interstitial nephritis	1921	Run over by street car 1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis / 5 3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

8

PLACE OF	DEATH
County /	



03354

STATE OF MARYLAND CERTIFICATE OF DEATH

Ville Spring Lielel had	Registration Dist. No. 243
Village or City Dang Line W	St.: Ward) (If death occurred in hospital or institu-
2FULL NAME James Berna	tion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married. Color or RACE 5 SINGLE, MARRIED. WIDDWESS. Surgle (With the Word)	16 DATE OF DEATH MAN. 13 , 1931 (Month) (Day) (Year)
GDATE OF BIRTH HOUSE 193/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Incs. 10 1931 to Man. 13 , 1931, that I last saw har alive on Man. 13 , 1931.
7 AGE If LESS than	
yrs. mos. 13 ds. or min.?	The CAUSE OF DEATH * was es follows:
(a) Trade, profession or particular kind of work	dack of Case
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs., mos., ds,
9 BIRTHPLACE (State or country) Manfand	Contributory Secondary
FATHER James Craig	(Signed) Lancates M. D. 3-14 192/ (Address) Bowis, help
OF FATHER (State or country) May land	*State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Posice Brooks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Meanyland	ients or Recent Residents) At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Rosie Brooks	Former or usual residence
(Address) Fleundale 144	Memorial Officeroral DATE OF BURIAL 3-14, 193/
15 Filed 3-14 1903/ 75 Kuneaster Med	noman Thousan Thumselale 4

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er,' etc., William Laborer, Laborer should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health gaged in domestic service for wages, as Servant, Cook, nature of the business or industry, and therefore an Civil engincer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many -Coul mine, etc. Wom-Locomolive engineer

Statement of Cause of Death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL scplicaemia," "PUERPERAL peritonilis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valeular heart disease; etc. The Sarcomu,, etc., of contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	03335 STATE OF MARYLAND
County JV Jes	CERTIFICATE OF DEATH
Village or City Baden (No. 2FULL NAME Joseph Das	St.: Ward) St.: Ward) (If death occurred in a hospital cr institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mch /7, 192/ (Month)—(Day) (Year)
6 DATE OF BIRTH De 2 , 1936 (Month) (Day) Kear)	17 I HEREBY CERTIFY, That attended the deceased from 192 to 192 to 192 that I last saw hit alive on Man 1 192 to 199 to
7 AGE yrs. 3 mos. / ds. or min.?	and that death occured on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durstion) yrs. mas. ds.
which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary /// (Burstjon) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) MUMU AT JOHN M. D. M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Majorn	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place In the
OF MOTHER (State or country)	of deathyrsds. Stateyrsds. Where was disease contracted, if not at place of death?
(Informant) Mily Wavis (Address) Jaken ma	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL AGRANCO MA MANIA, 193/ 20 UNDERTAKER ADDRESS
Filed Man 18 1931 6/West W. Registrar If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MI 11E .

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g.. Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Physician, Compositor, Architect, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write Nonc. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, Farm laborer, Laboreryrs). For persons who have no occupation. (b) Cotton mill; (a) Salesman. without more precise specification as Day -Coul mine, etc. Locomolive engineer, not gainfully em-But in many (6) Grocery; Wom-

spinul meningitis"); Diphtheria (avoid use of "Croup"s; fever (the only definite synonym is "Epidemic cefebroed term for the same disease. Examples: Cerebrospinal Typhoid faver (never report "Typhoid Pneumonia"); to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> inges, perilonaeum, etc., Carcinoma, Surcoma,, etc., of approved by Committee on Nomenclature of the "PUERPERAL scplicaemia," "PUERPERAL perilonilis," ele-"(Exhaustion," "Heart failure," "Haemorinage, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. (secondary or intercurrent) Chronid' interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all Whooping American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJURY (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as cough; Chronic Example: Mcasles (disease affection need not be etc. The contributory valvular heart disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A A the data is essential and must be obtained before the certificate is inently filed.

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10 to	1 PLACE OF DEATH	03386 STATE OF MARYLAND
SINS	P as h as	CERTIFICATE OF DEATH
SING	County New Lotting	(8) CERTIFICATE OF DEATH
i i i	011 ha M 20	Registration Dist. No.
M H	Village or City Thu Marthaut Mana	St.; Ward) [If death occurred in
o.		a hospitel or institution, give its NAME instead
L X	2 FULL NAME HO Anna D	of street and number.]
EXAC siffed.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ssife	3 and 14 an an an an 15 SINGLE	16 DATE OF DEATH 12-
T T class	Himal Co (Write the word)	1951 , 1951
	Timel (Write the word)	(Month) (Day) (Year) 17 - I HEREBY CERTIFY, That I attended deceased from
PERMAN hould be sit be properly certificate.	8 DATE OF BIRTH	
PER uld	Motch 135/93.1	
	(Month) (Day) (Year)	that I last saw halive on
GE S CK of	Of of hother months 1 day, hrs.	and that death occurred on the date stated above, at 9 m.
A IS	TES. Mas. No. OR Min.?	The CAUSE OF DEATH # was as follows:
THIS Iled. A that it is on bac	6 OCCUPATION	Hills land
INK-	(a) Trade, prefession, or particular kind of work	J monlo
2	(b) General nature of Industry business, or establishment in	The Part of the Pa
S A PER	which employed (or employer)	(Duration) yrs mos ds.
FADI reful n te	9 BIRTHPLACE (State or country)	Contributory Secondary
UNF Plair	nine longe to Me	May Da houston tought and Mystin
7 9 5	10 NAME OF STATHER	(Signed) Hory & Street 2 26 legles
7	of 11 PIPTURIAGE	h 1 121 21 0.1. h. 1. 16 . 6
TAL	BIRTHPLACE OF FATHER (State or country) were Ser Go G Ind	*State (he Disease Causing Death, or, in deaths from Violent
INLY,	C 12 MAIDEN NAME	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	a of Mornee house b	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
E M P	13 BIRTHPLACE COLOR	OR RECENT RESIDENTS) At place in the
Info AUS Is	(State or country runde Lings of Mix	of deathyrsmos,ds. State,yrsmosds.
£ 40%	14 THE ABOVE IS TRUE TO THE BEST OF MY HNOWLEDGE	Where was disease contracted, if not of place of death?
E # 1	(lotormant) Why N Historyon	Former or
T St.	(19,01 9 01 000	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Very CCU	(Address) you mailory his	The San Of O Dree Or
0 M M	16 9 0 17 2 11 2	20 UNITED AND DEALER ADDRESS
No.	Filed March 13194 / Correction	20 HNDERTAKER ADDRESS
e 2	REGISTRAR 1	Jun X Vidotuso Opportanto
	'f more blanks are needed, address State Registrar, 1	north parameter of the

[Approved by U. S. Census and American Public Realth Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part "Foreman," "Manager," "Dealer," only when needed. As examples: (u) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (e) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, c. g., Furmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, Locomotive engineer, eer, Stotionary fireman, etc. But in many For persons who have no occupation whatever various pursuits can be known. Women at home, who are engaged in Never return But in many cases, etc., without more The question "Laborer,"

Lobar unqualified. is indefinite); Tuberculosis of lungs, menin-Typhoid fover (never report "Typhoid spinal meningitis"); Diphtheria (avoid use of "Croup"); CAUSING DEATH (the primary Statement of Cause of Death, Name, first, the DISEASE (the only definite synonym is "Epidemic cerebroand causation), for the same disease. pneumonia. Branchopneumonia using always the same accepted Examples: affection with respect to ("Pneumonia, pneumonia" Cercbrospinal

> Struck on Nomenclature of the American Medical Association. on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telunus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: head-homicide; Poisoned by carbolic state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," hirth or miscarriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), lapse, symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstition "Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronnophritis, etc. "Tumor" for malignant neoplasms); Measles, Wheoping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of by railway train-accident; Revolver wound Always qualify all diseases resulting from child-"Coma," "Convulsions," The contributory (secondary or intereur-"Dropsy," "Exhaustion," "Uruemia," "Weakness," "Dehility" "Atrophy," acid-probably

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1931

STATE OF MARYLAND	CERTIFICATE OF DEATH (1338)
1. PLACE OF DEATH	1/0
County Tune Deerge	Registration Dist. No. 242
Village or City Lauhan and	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth? yrs mos ds.
2. FULL NAME William Chomas Als	nglas
(a) Residence: No. (Usual place of abode)	Ust., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	mule 28 193/
5e. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
vaa slonglas	Mark. 2/ 193/, to Mark 28, 193/
6. DATE OF BIRTH (month, day, and year) Chil 17 1892	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at
3 9 // 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER	Date of oneset
SAWYER, BOOKKEEPER, etc. 2. 200 ET	fromtho frumoria 3/21/3/
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Courributory Causes of importance:
(State or country)	Charles my James VIVIII
13. NAME Frank Allen of all	- James Grand
13. NAME Frank Longlas 14. BIRTHPLACE (city or town)	Name of operation Dete of
Y 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an europsy?
15. MAIDEN NAME Bette Crowles	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury
State or country)	Where did injury occur?
17. INFORMANT & da Llorgalas	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Quildam MA	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lauham Oate Mar 31, 19-31	Neture of Injury
19. UNDERTAKER Laschs Sous	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Bladenoford ma	If so, specify
20, FILEO 3 - 315 1931 Mrs. Infu lu House	(Signed) 2 Mr. Byanky M. D.
De La Registrat.	(Address) Sunt Pleasant had

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.—Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ugo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

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PHYSI-

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Pader (No. 2FULL NAME Charity Duck	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH Quy 17, 1878	(Month) (Day) (Year) (Year) (19) (Year) (Yea
(Month) (Day) (Year) 7 AGE If LESS than day	The CAUSE OF DEATH * was as follows:
b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Duration) yts. mos. de. Contributory Secondary (Duration) yts. mos. de.
FATHER II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Aecidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country). 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Baden (Address) Heary of Carles) Filed Met 25 1931 Heary of Carles	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL At. There are already Meh 76, 1931 20 UNDERTAKER ADDRESS ACLE 2 M. A. L.

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook,-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, House-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oclaborer, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planler, Foreman, (b) Automobile factory. The material or At Home, and children, For many occupations a single word or term on Farm laborer. Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation not gainfully em-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perilonilis," clc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJUNY cough; Chronic valvular etc. The contributory Nomenclature heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

County Junes Seotes	97)
C A	
William All Colonial Colonia C	Registration Dist. No. 26 245
Village or City Codmons Con	No. 6 Oharles St., - Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) s
2. FULL NAME Chiralette Dur	val
(a) Residence: No. Educouston \$ 6 Ohace	les St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEX	MEDICAL CERTIFICATE OF DEATH
Female White Thedorest the word)	21. DATE OF DEATH Month Month (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF DIDTH (-1 1937	I last saw how alive on way 15 1931; death is said
DATE OF BIRTH Month, day, and year) AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 4 Com.
93 11 14- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Orterio Dele reses
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	many years
SAW MILL, BANK, etc	· · · · · · · · · · · · · · · · · · ·
10. Date deceased last worked at this occupation (month and year) this occupation (month and year)	Perstitution 3 days
2. BIRTHPLACE (city or town).	Other Contributory Causes of importance:
(State or country)	- www.
13. NAME OS LEUCET Quellivan	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Siere of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary M. Phillips	23. If death was due to externat causes (VIOL ENCE) fift In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Church W. Brown (Address) Example M. Brown	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Mashingher W Date Mich 18/1981	- Nature of injury
9. UNDERTAKER TO ASCUS JOHNS (Address)	24. Was disease or injury in eny way related to occupation of deceased?
Mel 18' De March Care	(Signed) Surely Caliner M. D.
O. FILED VIVIA 19 68 1 VIVA CO SURVEY Registrar.	(Address) Augallandladd , 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 15 IVE		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corcbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	SICI	:1/	A	A	1	ľ
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ESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Form laborer, Laborer-Cool mine, etc. Womwithout more precise specification as Doy

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophial fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Dyphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death tetonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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U	()	0	V	13	

	(207)	
ge	Registration Dist. No. 2	42
	No. St., St., If death occurred in a hospital or institution, give its NAME instead of street and s. How long in U.S. if of foreign birth? yrs	
1.0.65	St., Ward.	
e of abode)	If nonresident give city or town an	nd State
ICULARS	MEDICAL CERTIFICATE OF DEATH	
RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 / (Year)
	22. 1 HEREBY CERTIFY, That I attended	d deceased from
	, 19, to	, 19
ry-190	l last saw h, 19,	; death is said
II LESS than	to have occurred on the date stated above, atm.	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of tmportance were as follows:	1-2
	Juny verdiet death from	Date of onset
Er	beiles thruck by Railway Trong	man 9-19
_	between Randle Station and Bell	
1	Station, ON W. Bra. Ry in Or. Goo Co	
time (years) ent in this	and VII I startly a Jacobs Law	
cupetion	on R.R. modesta-	
	Other Contributory Causes of Importance: -	
	•	
1		
er	***************************************	
	Name of operation Date of_	
	What test confirmed diagnosis? Was there an	autonsy?
Mor	23. 11 death was due to external causes (VIOL ENCE) filt in also the following	
y w	Accident, suicide, or homicide?	1/2/
		, 19
-	Where did injury occur? (Specify city or town, county and St	ata)
1	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
15 Mid		
1.7/21	Manner of injury	
19	Nature of tnjury	
	24. Was disease or injury In any way related to occupation of deceased?	_
ma	If so, specify	n
. 11	A Cult bus aller a Chi	7.3
Honors	(Signed)	M. D.
Registrar.	(Address) fauldur - 1	EL CA
addrage State Parists on	Care N. Charles Street Palisines Provider F1 S No.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week age
1921	Run over by street car	1 week age
7. 3. July 5, 1927	Peritonitis	3 days ago
: May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 7. S July 5, 1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This man Joseph Forrest Was found in 1018 + 0.

Rike between Randle and Bell Stations in Or Geo Coand. a Truspasser on RR property foundfundling. & I

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital er institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH (Month) -(Day) CERTIFY, That I attended the deceased from and that death occured on the date stated above, at (Duration) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the State... yra..... mos..... ds.

DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratega St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health er," etc., Without more, Laborer—Coal mine, etc. Spiener, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Рогенян, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planler, Statement of Occupation - Precise statement of octweed 6 yes). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Seruml, Cook, definite salary), may be entered as Housewife, House-mark, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed Poreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Architect, Locomolive engineer, But in

Statement of Cause of Death—Name, first, the DISAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrox in the only definite synonym is *Epidemic cerebrox in al meningitis* ; *Diphtheria* (avoid use of *Croup*); sinal meningitis* ; *Diphtheria* (avoid Pneumonia*); *Indian pucumonia*, *Bronchopneumonia*, *Croup*); *Indian pucumonia*, *Bronchopneumonia*, *Croup**, *C

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Mensles (disease inges, perilonaeum, etc., Carcinonui, Sareona, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," "Uraemia, ""Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, tetanues) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases can be accertained as the cause. Always qualify all (secondary Whooping cough; Chronie (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (name origin; "Cancer" is less definite : avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as or intercurrent) affection etc. The contributory wilmlar heart need disease; Measles not be etc., of

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APR 4 1931

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. roperly classifie certificate. Ward) a hospital or institution, give its NAME in -stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 16 DATE OF DEATH be WIDOWED may be n back OR DIVORCED pinou (Write the word) (Month) CERTIFY. That Lattended the deceased from 6 DATE OF BIRTH instructions that (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at M.s. l day hrs. The CAUSE OF DEATH * was as follows: or min.? term MARGIN RESERVE 8 OCCUPATION 60 (a) Trade, profession or 20 particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) be EA Should I 10 NAME OF (Signed) FATHER (Address) _______m 11 BIRTHPLACE *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER RENT TIO (State or country) 12 MAIDEN NAME O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, 4 OF MOTHER ould state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... yrs......ds. (State or Country). Where was disease contracted, if not at place of dea.h?.... TRUE TO THE BEST OF MY KNOWLEDGE shoi Every item CIANS sho statement Former or usual residence. ACE OF BURIAL OR REMOVAL 20 UN If more banks are needed, addre.s Ltate Registrar, 16 W Saratoga St., Balto., Requesting V.

(If death occurred in

(Year)....

number.)

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtified 6 yrs). or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed ployed. as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., Spinner, (b) Colton mill; (a) Salesman, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective o Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term or Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material (b) Grocery, Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal.meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), \$\ 9 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic etc. The contributory valvular heart Nomenclature of the not be disease

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gaged in domestic service for wages, as Servant, Cook, ployed, as At echool or At home. (are should be taken definite salary), may be entered as Housewife, House honschold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the additional line is provided for the latter statement; if business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISE. SE CAUSING DEATH, Housemaid, etc. to report specifically the occ pations of persons ensnork, or At Home, and children, not gainfully emlaborer, Farm laborer. Laborer-Coal mine. etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-(4) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, enpation is very important, so that the relative health wi alever, write Nonc. worked on may form part of the second statement sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of oc 5 yrs.). For persons who have no occupation For many occupations a single word or term on without more precise specification as Day If the occupation has been changed But in many

Statement of Cause of Death—Name, first, the prelass causing death (the primary affection with respect) to time and causation), using always the same accepted term for the zame disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal heningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis. tetanus) may be stated under the symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia." "Anaemia" ary), 10 ds. Never report mere symptoms or terminal nges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The natrain—accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railroay as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OR State cause for which surgical operation was under-"PUERPERAL septicuemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart vulsions." causing death), 29 ds.; Branchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculoris of lungs, men (secondary or intercurrent) affection ueed Whooping cough; Chronic valvulur heart disease; FOR VIOLENT DEATHS State MEANS OF INJUBI "Debility" ("Congenital," "Seuile," etc.), (Recommendations on state-Caroinoma, Sarcoma, etc., of Example: Measles failure." "Haemor-Always qualify all (merely (disease not be

If this certificate is looked over thoroughly and all questions naswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. ('ensus and American Public Health Association.)

sary to know (a) the kind of work and although the nature of the business or industry, and therefore an additional line is provided for the latter statement; it business, that fact may be indicated thus: Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant. Cook to report specifically the occ pations of persons en ployed, as At school or At home. (are should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form par of the second statement. Never return "Laborer," "Foreman." "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) cases, especially in industrial employments. it Physician, Compositor, Architect, Locomotive engineer the first line will be suffeient, e. g., Farmer or Planter tion applies to caeh and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Whalever, write None. House maid, etc. (1) Foreman, (b) Automobile factory. Profinatorial Civil engineer, Stationary firemen, etc. Statement of Occupation Precise statement of oc etc., 6 yrs.). For many occupations a single word or term on OF Farm laborer, Laborer-12 without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom But in many Grocery is neees.

Exament of Cause of Death—Name, first, the pisisse causing death (the primary affection with respect to time and causation), using always the same necessed term for the same disease. Examples: Carobrosphal fever (the only definite synonym is "Epidemic expedicspinal meningitis"): Diphtheria (avoid associationals): Typhoid fever (never report "Typhoid preuments"):

> ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine defluitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the eause. Always qualify all rhage." "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on queuces (e. g., sepsis, tetanus) may be stated under the "Puerperal septicuemia," "Puerperal peritonitis," "Uraemia," "Weakues: " etc., when a definite disease vulsions." ary), 10 ds. Never report mere symptoms or Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculoris of lungs, mon-Poisoned by curbolic acid-probably suicide. Examples: Accidental drowning; State cause (seeondary or intercurrent) affection need Whooping -accident; Revolver wound of head-homicide; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MILANS OF INJURI "contributory." "Debility" ("Congenital," "Senile," etc.), cough; for which surgical operation was under-Chronic valvular heart disease; (Recommendations on state-"Auaemia" Struck by railway Meusics; (secoudterminal (disease (merely not be "Conetc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained octors the certificate is permanently filed.

APR 6 193

	1 3 3	STATE OF MARYLAND—	CERTIFICATE OF DEATH (13396)
	of info	1. PLACE OF DEATH (Sr. Grorges,	226
	ould occ	County Acres America	Registration Dist. No.
1:	- 4	Village or City mulliken!	No. e
1	S s s	Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds: How long in U.S. if of foreign birth?
T	AN		L'Ilik
141	ten ICI	2. FULL NAME	Cy Was
	CORD, Ever PHYSICIAN ct statemen	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
	PH PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	EX.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DWORCED (write the word)	21. DATE OF DEATH AND 1 13 15
7	73.	III C, Single,	(Month) (Day) (Year)
2	N Tr	5a. If married, widowed, or divorced HUSBAND of	22 /2 HEREBY CERTIFY, That Lattended deceased from
101	A C assif	(or) WIFE of	Nach 9 1931 to March 13 193
BIN	ERX EXX	6. DATE OF BIRTH (month, day, and year)	Hest saw holm alive on March 10, 1931; death is sai
2	d d erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
OF	IS A PE stated E properly certificate.	/ O	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
F	70	8. Trade, profession, or particular kind of work done, as SPINNER,	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
VED	HIS 1 pe y be k of	SAWYER, BOOKKEEPER, etc.	acuse vonchus, 16/3
RV	should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	/_/
RESER	Sh it	10. Date deceased last worked et this occupation (month and spent in this	11/10
RE		year) occupation	Other Contributory Causes of importance:
	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	in the second second
MARGIN	FAI ied. ns, stru	(State or country)	Mynic la college &
AR	UNF suppli n term	II 13. NAME TO USA TO THE	med I flood land
M	Sul Sul	14. BIRTHPLACE (city or town) (State or country)	Name of operation_(Date of
	Ily Ily		What test confirmed diagnosis?
	INLY, WIT be carefull EATH in pl important.	H	23. If death was due to externat ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
	Ca TTH Poor	16. BIRTHPLACE (city or town) (State or sountry)	Where did injury occur?
	AINLY, Id be car DEATH y import	week Damil to Kul	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
		17. INFORMANT (Address)	
	Shou E OF is ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
		Place Dete Dete 1934	Nature of injury.
-4	WRITTE mation sCAUSE TION is	19. UNDERTAKER Same legate	24. Was disease or injury in any way related to occupation of deceased?
No.	9.	(Address)	if so, specify
či.	- י	20. FILED nar 14, 1934 Mikush Tolkar	(Signed)
(-		Registrar. If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1
2			The same to the sa

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis APR (1902	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RTREAU	. July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Enth on flew a. a. C.

My WHA	. Exact	0	PLACE OF DEATH County Prince George	ossis state of maryland certificate of death
CORD	I EXACTLY, rly ciassified ficate.	Vill	2 FULL NAME Forrest Edward	Registration Dist. No. 40 St.; Ward) Grow Registration Dist. No. 40 (If death occurred in a hospital or institution, give its NAME lastead of street and number.)
T.Z.	cert		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ER ANEN	inpplied ACE should be sterms so that it may be prefermed back of constructions on back of	n	TEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH March 16, 1931 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
BINDIN IS A PE			January 29, 1918 (Month) (Day) (Year)	that I last saw h manalive on March 14, 198, and that death occurred on the date stated above, at 1130
FORTHIS		7 AC	If LESS than dayhrs.	The CAUSE OF DEATH is was as follows: Intestinal Wilce (Duodena
WRITE PLATY, WITH UNFADING INK Item of information should be carefully as should state OAUSE OF DEATH in plain ment of OCCUPATION is very important. S.	d in plain portant. S) P (l) b w	articular kind of work. by General nature of industry usiness, or establishment in which employed or (employer)	4 mnishs (Duration) yrs mos de Contributory Indestinal Neumlage
	F DEA		10 NAME OF Glenn Harvey Grow	Secondary 6 hours (Duration) yrs. mos. de (Signed) 9m J. Jenle M.D March 14 21 12016 style
	TION	ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME Clair Claim OF MOTHER Clair Clair OF MOTHER	*State the Disease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal.
	ld st	14.7	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	218 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcents, or Recent Residents) At place In the of death
	S sho	14 1	(Informant) Germ How	Former or usual residence
V. S. No. 1.	< m	15 F	iled Muc. 17- 1921 Julie & South Local Registrar	M. E. Ch. Chetterham Max. 1.7., 1931. 20 UNDERTAKER Med, ADDRESS Jourtt & Ryan Maldord Med
2 /2	1		If more blanks are needed, address State Registrar.	16 W. Saratoga St., Palto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of ilmess. If retired from business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Housewhatever, write None. tired 6 yrs.). Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative healthat home, who are engaged in the duties of the Statement of Occupation-Precise statement of ocor At Home, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation If the occupation has been changed and children, not gainfully em-The material But in many

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same discase. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. as probably such, if impossible to determine definitely. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," unqualified, is indefinite); Tuberculosis of lungs, men "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure," "Haemor symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for mallgnant neoplasms); Measles; vulsions," "Debility" causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; (name origin; "Cancer" inges, peritonacum, etc., Carcinoma, Sarcana, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY ("Congenital," "Senilc," etc.), (Recommendations on state-Example: Measles is less definite; avoid Always qualify all The contributory (second-(disease

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S. No. 1

N. B.

1 1 ma timira 98	03398
PLACE OF DEATH WITHIN CORPORATE LIMITS OF	STATE OF MARYLAND
County To Soo.	CERTIFICATE OF DEATH
15 10 P	Registration Dist. No. 23/
Village or City Hyallamillo (No. 18 1	ustn or st.: Ward) a hospital or institu
2FULL NAME Edwin William	bullard tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
Mala) Lanto) Militation word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
ann 1 1010	march 4 131 10 march 9,131
(Month) (Day) (Year)	that I last saw how alive on March 9 1931
7 AGE III LESS than	and that death occurred on the date stated above, at 8 PMn.
1 day hrs.	The CAUSE OF DEATH * was as follows:
65 yrs. 1 mos. 2 de. or min.?	
(a) Trade, profession or U.S. RA	Unteres Ocleroses selles
particular kind of work 700. VO.	Cardiac dilatation
(b) General nature of industry business, or establishment in	12 (1.
which employed or (employer)	1. 0.
9 BIRTHPLACE (State or country).	Contributory Secondary (Durstion), yrs
10 NAME OF COA	O. V.
FATHER Edwin Gulford	(Signed) The M. D.
U 11 BIRTHPLACE OF FATHER	Mary 1991 (Address) Tyallandelly
(State or country) Waryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsmosds. In the Stateyrsnosds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Sulland 1. Turce	usual residence
(Address) Nama Ya	19 PLACE OF BURIAL OF REMOVED DATE OF BURIAL
15 3/1. (LA Thu ban)	20 UNDERTAKED ADDRESS
Filed /11 1947 All Mapon	Marking 711 8/1- wal 1900 Hot mr
If more branks are needed, address State Registrar	, I6 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter fulness of various pursuits can be known. whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re Housemaid, etc. Foreman, Or For many occupations a yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. At Home, and children, without more precise specification as Day Compositor, For persons 6 nipositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many If the occupation has been changed Automobile factory. The who have no occupation single word or term on not gainfully cm-(b) materia Grocery.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Exhaustion, "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal condi (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. can be ascertained as the cause. Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; ,, Committee on "Heart failure," "Haemorrhage, Chronic "Senile," etc.), "Dropsy, etc. valvular heart Nomenclature The contributory Always qualify all Sarcoma, etc., of not be disease

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AP

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning state occupation at beginning business, that fact may be indicated thus; Farme tired 6 yrs). For persons who have no occupation whatever write None.

Statement of Cause of Death—Name, first, the haster causing death (the primary affection with respect time and causation), using always the same acceptation and causation, using always the same acceptation of the primary affection with respect time and causation, using always the same acceptation. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Stationary fireman, etc. But in many Locomoliic engineer,

spinal meningitis"); Diphlheria avoid use of "Croup" Typhoid fever 'never report "Typhoid Pneumonia") pneumonia, Branchopneumonia ("Pneumonia

> Dapphoved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Drepsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Surcoma, American Medical Association.) betques) may be stated under the head of "contributory." carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Or cough; " "Marasmus," "Old Age," "Shock," Committee intercurrent) ChronicExample: If easles (disease on The nature of the injury, affection need not be etc. valvular heart Nomenclature The contributory Measles; discase;

argivered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and al questions

V. 8. No. 1

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N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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Every item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.	
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PLACE OF DEATH		03400	STATE OF N	
County Proce Su		(3)	CERTIFICATE Registration I	72/
Village or City Mil thellusele M (No.	Hail	ey.	St.: Ward)	(if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PAR	TICULARS	MEDIC	AL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE MARRIED WIDOWE OR DIVO	RCED .	16 DATE OF DEATH	March (Month)), 19 3
6 DATE OF BIRTH March 3 (Month) (Da	1, 193/ (Year)	17 I HEREBY	CERTIFY, That I atte	nded the deceased from , 192, , 192,
7 AGE They born	If LESS than I dayhrs. ormin.?	and that death occur The CAUSE OF DEAT		nbove, atnı,
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)			(Duration)	yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF Melven Ha	cley	Contributory Secondary (Signed)	roly Da.	
OF FATHER (State or country) 12 MAIDEN NAME (M. 12 MAIDEN NAME (M. 14 MAIDEN NAME		*State the D Violent Causes, st Accidental, Suicidal	isease Causing Death, ate (1) Means of Injor Homicidal.	or, in desths from ury and (2) Whether
of MOTHER Many Wall 13 BIRTHPLACE OF MOTHER (State or Country)	cace	ients or Recent Re At place of deathyrs	In the State	als, Institutions, Trans-
(Informant) Melvan Han	ey 1	if not at place of dea. Former or usual residence	h}	DATE OF BURIAL
(Address) Mr enefly	Theppo	at Hon 2D UNDERTAKER Walnu	Harly &	The Residence of the Land of t
if more banks are needed, and	re's Ltate Registrar	, 16 W. Saratoga St.,	Balto., Requesting V. S	. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc., But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter. "ctc., without more precise specification as Day Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Automobile factory. The material (b) Grocery,

spinal meningitis"; Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept; pneumonia, Bronchopneumonia ("Pneumonia,

> tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be stated unless important. Example: Measles (discase carbolic acid-probably suicidc. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory

permanently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is If this certificate is looked over thoroughly and all qu stions

	MARGIN	WRITE PLACY, WITH UNFAD	N. BEvery item of information should be c
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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND		
County Truce Terrols	CERTIFICATE OF DEATH		
01:	Registration Dist. No. 2 4 2		
Villago or Chyront Heights (No.	St: Ward) (If death occurred in		
2 FULL NAME Mary Virginis	St: Ward) Advisor (a death of circles in the stead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SSEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 12, 1931 (Month) (Day) (Year)		
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from		
Merch 12 1931			
(Month) (Day) (Year)	that I last saw halive on, 192,		
7 AGE A' (IFLESS than	and that death occurred on the date stated above, at		
Stellbery day hrs.	The CAUSE OF DEATH * was as follows:		
yrsds. ormin.?	Company of the second s		
a OCCUPATION (a) Trade, profession or	Stillborn		
particular kind of work			
(b) General nature of industry business, or establishment in			
which employed or (employer)	(Duration)yrs		
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs		
10 NAME OF 1	(Signed) Atimes a torty M.D.		
11 BIRTHPLACE	Mch. 12 1931 (Addiess) Jag + St. Catherine St.		
OF FATHER Z (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
12 MAIDEN NAME Clarke Smith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
13 BIRTHPLACE OF MOTHER	At place		
(State or Country)	Where we disease contracted		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?		
	Former or usual residence		
(Informant) Marian Harrison	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address) turmont Heights, Md.	Washington WB mer 12, 1921		
15 File Har 12 198/ John & Gulder Registras	John Stewart 20-492		
If more blanks are needed, addre.s State Registrat/16 W. Saratoga St., Bulto., Requesting V. S. No. 1.			

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an definite salary), may be entered as Housewife, House-Loborer, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, For many occupations a or At Home, and children, not gainfully em-Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy (b) Automobile factory. The material single word or term on As examples: (a) (b) Grocery;

at armer (reard causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinul fover (never report "Typhoid fever (never report "Typhoid fever (never report "Typhoid fever (never report "Typhoid special synonym is "Epidemic cerebrospinul fever (never report "Typhoid see of "Cro-

answered in detail, it will prevent further correspondence. All the data is estential and must be obtained before the certificate is permanently filed. American Medical Association.) stated unless important. approved "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (Recommendations on statement of cause of Idonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary use of "Tumor" inges, perilonaeum, etc., Carcinomo, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy traindiseases Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is Icss definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease by Committee on or intercurrent) for malignant neoplasms) \$ Measles; Chronic Example: Measles (discase affection need not be etc. The contributory valvular heart disease; Nomenclature of the

0	W)	PHYSI-
	CORD	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact
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PLACE OF DEATH County Prince George	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 33
Village or City Jul Grove Wed. J.O. Ben 2FULL NAME Celeste Elizabeth	Hartnett Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jew White SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Wiodowe	16 DATE OF DEATH Month
6 DATE OF BIRTH Queg 26, 1844	17 I HEREBY CERTIFY, That I attended the deceased from fam. 6 1901. to fam. 9, 1921,
7 AGE (Month) (Day) (Year) 7 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at Amm. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. Z ds.
which employed or (employer) 9 BIRTHPLACE (State or country) Ohio	Contributory Secondary (Duration) yes of mos. de.
10 NAME OF FATHER Unlaworer	(Signed) Saul C Van Joulton, M. D.
OF FATHER Constant of Country of	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER UNLAWOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country). Unleaded	At place of death yrs mos. ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mrs Marian Hargaret Schund (Address) Bennings & . 71 # / 24	Cedan Hill 3/28, 193/
Filed 3-25 1931 Thos D. Sufficts	Ritichie Bros. Mitichie
If more blanks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 .grs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housenward, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties, of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, (b) Automobile For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesmon, (b) Grocery; man, (b) Automobile foctory. The material without more precise specification as Day For persons who have no occupation Stationary freman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease is a course of Death—Name, first, the Disease is a course of Death—Name, first, the Disease is a course of the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pueumonia, Bronchopneumonia ("Pneumonia");

carbolic acid-probably suicide. The nature of the injury, telanus) may be stated under the head of "contributory." approved (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; chronic Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, ctc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature of the or intercurrent) Chronic and consequences (e.g., sepsis, " "Coma," "Convulsions, etc. The contributory valvular heart disease; affection need not be Measles ; etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PARENTS

OF FATHER

13 BIRTHPLACE OF MOTHER (State or country)

(State or country)

(Informant) Wen Henderdon

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PLACE OF DEATH Villag



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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Z 40

age or City (No.	St: Ward) (If death occurred in
	a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
ATE OF BIRTH WOV. 4 1900 (Month) (Day) (Year)	that I last saw how alive on which the deceased from the last saw how alive on which the secretary is the same of the secretary is the saw how alive on which the secretary is the same of
30 yrs. 4 mos. 4 ds. or min.?	and that death occured on the date stated above, at m. The CAUSE OF DEATH * was as follows:
CCUPATION) Trade, profession or Housewifz	Lobor Tuenmonia
) General nature of industry siness, or establishment in hich employed or (employer)	O Duration)yıs mas
(State or country) Mul	Contributory Aufleway Secondary Dulation) Dulation Dulation Dulation
11 BIRTHPLACE	(Signed) Stut El Towns M. D.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

	RESIDENCE Residents)	(For	Hospitals,	Institutions,	Tran
A . 1					

of death yismosds.	In the State	угн	.mos	de
Where was disease contracted,				

usual residence.

ACE OF BURIAL OR REMOVAL

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Bequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cases, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Porenan, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation - Precise statement of ocer," etc. without more precise specification as Day laborer. Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer. Physician, Compositor, Architect, Locomolive engineer, tweed 6 yes). business, that fact may be indicated thus; Farmer irestate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-userk, or At Home, and children, not gainfully emem at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a whatever, write None. For many occupations a single word or term on especially in industrial employments, it is neces-Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinul fever (the only definite synonym is "Epidemic cerebros in I meningitis"); *Diphtheria (avoid use of "Croup"); *Siphoid fever (never report "Typhoid Pneumonia"); *Lober pneumonia, *Bronchopneumonia ("Pneumonia,");

> stated unless important. Example: Measles (disease inges, perilanaeum, etc., Carcinoma, Sarcona,, etc., of "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasins); Meusles; "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. (secondary (name unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping (Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underapproved by as fracture of skull, and consequences (e. g., sepsis American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, g cough; Chronic interstitial nephritis, or intercurrent) Committee on origia; "Cancer" is less definite; avoid Chronic valendar heart etc. affection need Nomenclature The contributory not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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OCCUPATION

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MOTHER | FATHER

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STATE O	F MARYLAND-	CERTIFICATE OF DEATH	03401
. PLACE OF DEATH			030
County Junice Se	arge Co	Registration Disty No.	20 8
Village or City anacust	in DC. RF3	storep springs Med.	.St.,Ward
Length of residence In city or town where de		death occurred in a happital or institution, give its NAME instead of st	
FULL NAME Martha	Filolehon Z	Lenderson.	
(a) Residence: No. Times	strate-TAFS	St., Ward.	
(a) Nosidelines. No.	(Usual place of abode)	If nonresident give city or (own and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DE	ATH
7-un Calard	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 13 (Month) (Dev)	, 193 / (Yeer)
If merried, widowed, or divorced HUSDAWE 11 (or) WIFE of	Ho Wendows	22. IHEREBY CERTIFY, Thet I	1 10 21
DATE OF BIRTH (month, day, and year)	127 1880	I lest saw h. Stelive on 2000 12	19.3 ; death is said
AGE Yeers Months	Days If LESS than	to heve occurred on the date steted above, et 8 A.m.	, 400
50 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importa	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	omestic	apoplery	7./12/3/
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	usework		
Date deceased last worked et this occupation (month and , yeer)	11. Total time (years) spent in this occupation		
BIRTHPLACE (city or town)	e Hearge Co.	Other Contributory Causes of Importance:	;
13. NAME Dennis F	letcher	Affertenseon	Turkupa
14. BIRTHPLACE (city or town)	f f	Name of operation	Dete of
(State or country)	the se	Whet test confirmed diegnosis? Wes t	there an autopsy? 20
15. MAIDEN NAME Jane	Barlon	23. If death was due to external causes (VIOL ENCE) fill in elso the	
16. BIRTHPLACE (city or fown)	and and	Accident, suicide, or homicide? Date of injury	y, 19
INFORMANT Malite	Jouise Green	Where did injury occur? (Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	r and State) BLIC PLACE.
BURIAL, CREMATION, OF REMOVAD	3/1/ 3/	Menner of injury	
Place of July Illi	Date 7 / 19 4	Neture of injury	
UNDERTAKER ATELO	200	24. Wes disease or injury in eny way related to occupation of dece	ased? 200
FILED 3/14 , 193/ Sterry	S. Julie ow Registrar.	(Signed) Saul Com House (Address) Upper Marel Com	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

20	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1015	Attack of epilepsy	1 week ago
3. 1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gostroenteritis	1 year
	Date of onset 1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BIND

FOR

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MARGIN

No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance; name other important diseases or injuries. Examples:

	Example II	
	of importance were as follows:	
1.0		1 week ago
July 5, 1927		1 week ago
_1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer total state occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm luborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cases, especially in industrial employments, it is necesfulness of various parsuits can be known. The quescupation is very important, so that the relative health Statement of Occupation Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Gerebroapinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> ence. All the data is essential and must be obtained before the certificate is permanently filed. Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The na train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicacmia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. vulsions," Chronic interstitial nophritis, etc. The contributory nse of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Curcinoma, Surcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Senile," etc.) (Recommendations on state Example: Measles (disease (merely not be

Village or Jup parings	Registration Dist. No
²FULL NAME	Solly give its of street
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the gyord)	16 DATE OF DEATH 3 30 (Month) (I)ay
6 DATE OF BIRTH 3/ 30/	3 3 3 1 HEREBY CERTIFY, That I attended do
(Month) (Day (Yea t LESS t day,	than and that death occurred on the date stated above.
OCCUPATION (a) Trade, profession, or	
particular kind of work	Compress Cor
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs.
10 NAME OF Halley	(Signed) 13/ (Address) 706 20 10
BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF ANOTHER OF ANOTHER	*State the DISEASE CAUSING DEATH, or, in deaths f Causes, state (1) MEANS OF INJURY; and (2) whether the Studies of Homicidal.
of Pother Med Med	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS OR RECENT RESIDENTS) At place 18 the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs Where was disease contracted, If not at place of death?
per la state	Former or usual residence
(Informant) (Infor	19 PLACE OF BURIAL OR REMOVAL DATE OF

MARGIN RESERVED

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Women at home, who are engaged in the Farmer (retired 6 yes.) For persous write None. As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified. Is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carein-

mia," "PUERPERAL peritonitis," etc. State cause for theuia," "Auaemia" (merely symptomatie), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertakeu. For viochildbirth or misearriage as "Puerperal septichae cte,, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of.... ture of the American Mcdical Association.) cause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 ds.; Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Vil	Hage of the Heights (No	Registration Dist. No. 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 20, 19:
6 1	DATE OF BIRTH (Month) (Day)	17 I HEREBY CERTIFY, That I attended the decease 931 (Year) that I last saw have alive on Murch 19.
7/	⊙ 😓 . l day	SS than and that death occurred on the date stated above, at
The same	particular kind of work	
3 () ·	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
3 () ·	b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary (Duration) (Signed) (Signed) (Addres) (Addres) (Duration) (Signed) (Addres)
RENTS	b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Contributory Secondary (Duration) (Duration) (Signed) (Signed) (Signed) (Address of Injury and (2) When Accidental, Suicidal or Homicidal.
ENTS & STN3	b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 21 Likewow	(Signed) *State the Disease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) What Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of deathyrsmosds.
PARENTS	business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER	Contributory Secondary (Duration) (Duration) (Signed) (Address) *State the Disease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Who Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)

02408

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to cach and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME it stead of street and number.) **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) (Month) (Day) HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) and that death occurred on the date stated above, at 1 P.M. Ilf LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE S *State the l'iscase Causing Death, or, in deaths Arm Violent Causes, state (1) Means of Injury and (2) Whether OF FATHER Z (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHERyrs.......ds. (State or Country) Where was disease contracted. if not at place of dea.h?..... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKE

If more blanks are needed, addre s tate Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day (b) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The materia. Salesman. Locomotive engineer, 3 Grocery,

Strtement of Cause of Death—Name, first, the DISEA :: ("VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Ethaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) taken. For violent deaths state means of injuny "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Mcasles, (name, origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-(secondary Chronic interstitial nephritis, "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; or intercurrent) affection need Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

11074 11	
PLACE OF DEATH STATE OF MARYLAI	ND
County Prince George CERTIFICATE OF DEA	
Registration Dist. No. 2	3/ 38%
Village or City Colongin (No. 104 Marshall St.: Ward) a hospital tion, give it	occurred in or institu- s NAME I: - street and
2FULL NAME Tregma Wagdalin Johnson number.)	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Female White Single, Married 16 DATE OF DEATH March 26, Month (Month) (Day)	192)
6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the dec	
Decimber 13, 1864 Mar 20, 1921. 10 Mar 26	, 192 /
7 AGE (Month) (Day) (Year) that I last saw h A alive on Iff All all	, 193
It LESS than and that death occurred on the date stated above, at	50 F - m.
66 yrs. 3 mos. 13 ds. or min.?	
(a) Trade, profession or particular kind of work Soccupation Crickesia of liver.	
(b) General nature of industry	000000000000000000000000000000000000000
business, or establishment in which employed or (employer)	osds.
9 BIRTHPLACE Contributory	*****
(State or country) Toughkeepie, N. W. (Durstion)	osds.
10 NAME OF FATHER Show Miller (Signed) Show I Palany	M. D.
of FATHER (Address) Cheverly 1971. (Address)	d
Z (State or country) Germany Violent Causes, state (1) Means of injury and (2)	hs from Whether
of Mother OF Mother	ons, Trans-
13 BIRTHPLACE At place In the	
(State or Country)	IIIOBaccoccamque,
Former or	***************************************
(Informant) agnio Moye usual residence	DUDIAL
(Address) 3.36 R. J. Com. 91- E. D. Wash V. C. 3/3/4	198/
15 Filed 3/28 1981 AS Aushan 20 UNDERTAKER ADDRESS	ON M
If more banks are needed, addre a State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.	OT. IR

REVISED UNITED STATES STANDARD

HAPPIN REBERVED FOR

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a 8 or given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery;eman, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be (elanus) may be stated under the head of "contributory." American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, by Committee on Nomenclature of the Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1 2/ 2/ 2/2016/	AMBRICA OF STATIS
County / N: GOVAC	CERTIFICATE OF DEATH
	Registration Dist. No. 233
Village or City Village (No.	Ca. Wand) (If death occurred in
Vinage of City O 575 City O 17	a hospital or institu-
2 FULL NAME Trace V. Mid	stead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH MAL 2
How widowed water	100A 3 , 1991
Timbe Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192 to O , 192 ,
tray 11/ , 1931	Mal 3 31
(Month) (Day) /(Year)	that I last saw half alive on Man 1911,
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at O m. The CAUSE OF DEATH * was as follows:
yrs. mos. / ds. or min.?	A. 10 all bases of feet
a occupation (a) Trade, profession or	mather and had converlence
particular kind of work	0 1 1 2 11
(b) General nature of industry business, or establishment in	Ternop from organiza
which employed or (employer)	(Durstion)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
7100	(Dujetion) yrs mos ds.
10 NAME OF A N'.	(signed) William 1.7 go brown M. D.
11 BIRTHPLACE	Mch 5 193/ (Address) Crown
0	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(State or country) 12 MAIDEN NAME (D) 1 A	Accidental, Suicidal or Homleidal.
of MOTHER Throughthe Bascuell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
My H Redwell	Former or usual residence
(Informant) The state of the st	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Crom Ond	St Jeomas Much crommet Mak 5. 193/
15 may 5 Except of Garages	20 UNDERTAKER PODRESS
Filed 100 3 192 SINUXU M. P. Registrai	Wade aundsor Groom and
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (re-Housemund, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a worked on may form part of the second statement: Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer--Coal mine, etc. Wom-(b) Grocery;

Stritement of Cause of Death—Name, first, the DIS-BALE CAUSSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-Never report mere symptoms or terminal condi cough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

" more blanks are neefled, address State Registrar, 16 W. Saratoga St., Balto.. Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the bisease causing bearth, ployed, as At school or At home. Care should be taken state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Furmer or Plunter, whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an er," etc., without more precise specification as Day should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quesexpation is very important, so that the relative health-Statement of Occupation - Precise statement of oe For many occupations a single word or term on -Coal mine, etc. Wom-

Exactment of Cause of Death—Name, first, the pasease causing death (the primary affection with respect to time and causation), using always the same necepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia.")

head of "eontributory." (Recommendations on state quences (e. g., sepsis, tetanus) may be stated under the ment of cause of death approved by Committee or ture of the injury, as fracture of skull, and conse-Nomeuclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na train-accident; Revolver wound of head-homicide; Examples: Accidental disorning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanttion," "Marasmus," "Old Age," "Shock, "Dropsy," "Exhaustion," "Heart failure." "Hacmor symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes; "Uraemia," "Weakness." etc., when a definite disease vulsions," Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men Whooping cough; Chronic valvulur heart disease; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Carcinoma, Sarcoma, etc., of Always qualify all "Coma,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 42 (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCES Write the word) (Month)(Day) I HEREBY CERTIFY. That I attended the deceased (Day) (Year) Ilf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: RESERVED or min.? (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country) (Durstion) 10 NAME OF FATHER OF FATHER *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (State or country) and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAMI 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER dents or Recent Residents) 13 BIRTHPLACE In the At place of death _____yrs.____mos.____ds, OF MOTHER State.....yrs.....mos..... (State or Country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE if not at place of death?. Every item CIANS sho statement 20 UNDERTAKER If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Rarmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. "Uraemia," "Weakness," etc., whon a definite disease "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping cough; Chronic affection need etc. The contributory valvular heart Always qualify all disease; not be

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PLACE OF DEATH	STATE OF MARYLAND
County Runge George	CERTIFICATE OF DEATH
	Registration Dist. No. 23/
Village or City Landover MA/ (No Largo)	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME April Julia a. Lo	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED 7	16 DATE OF DEATH March 1/ , 1923/
6 DATE OF BIRTH	(Month) (Day) (Year)
Dec 26, 1860	Dec 2 5 1929. 10 March 11, 1931,
(Month) (Day) (Year)	that I last saw h Cralive on March 190/,
7 AGE IfLESS than I dayhrs.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Thronic Megabritis
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) vis. mos. ds.
9 BIRTHPLACE (State or country) Programmed Hearth &	Contributory Secondary (Duration) yrs mos / ds.
10 NAME OF FATHER THE	(Signed) Sand Community M. D.
II BIRTHPLACE	3/12/3/ 192. (Address) Uppler Utarloads
OF FATHER (State or country) Maryland 12 MAIDEN NAME OF FATHER (State or country) Maryland Rerapidal	*State the Disease Causing Seath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah Handall	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manualand	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Richard Loveless	Former or usual residence
(Address) Landover Md	Tunity Church Mch 13, 15%
15 Filed Mar 12 1981 M. D. Spicer Registrar	20 UNDERTAKER Some Hyalleville
If more blanks are needed, addres ttate Kegistrai	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, tion applies to each and every person, irrespective of r," etc., report specifically the occupations of persons en-Foremon, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Doy Stationary firemon, etc. But in many Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart tanute,
> "Old Age," "Shock,"
> "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-(secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature of the cough; or intercurrent) Chronic ," "Coma," "Convulsions, valvular heart disease; etc. The contributory affection need not be

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PLACE OF	DEATH
County Prin	
	. A

STATE OF MARYLAND CERTIFICATE OF DEATH

48

Registration Dist. No. 252

Village or C	ULL NAME an		St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSO	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE	SSINGLE, MARRIED, * Walou WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 11, 1981. (Month) (Day) (Year)
6 DATE OF B	OA.	(Day) 1844 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1981. to March 11, 1981, that I last saw he alive on march w , 1980,
7 AGE	8-6 yrs. 5	mos. // ds. If LESS than day hrs. or min.?	and that death occurred on the date stated above, at 7-15-19 m. The CAUSE OF DEATH * was as follows:
particular k (b) General business, or which empl BIRTHPLAC (State or	profession or at ind of work and industry establishment in oyed or (employer)	home	(Duration) (yrs. mos. ds. Contributory Secondary (Duration) (yrs. mos. ds.
12 MAIDE OF MO 13 BIRTH OF MO	PLACE THER OT COUNTRY) EN NAME THER Cly ali	A	(Signed) M. D. March 13.198 (Address) M. D. *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds.
(Informa	e is true to the bes	malone	Where was disease contracted, if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
15 Filed March 131931 Kurst Attackeristrar Registral			, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer vestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scream, Cook, Housemand, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Inborer, Farm laborer, Lauvier who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Grocery,

Statement of Cause of Death—Name, first, the biscalar CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "(Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart etc. The contributory not be disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) For persons who have no occupation Stationary fireman, etc. Automobile factory. The material As examples: (a) But in many (b) Grocery;

Statement of Cause of Death—Name, first, the Drace cause of Death—Name, first, the Drace cause of Death—Name, first, the Drace cause of the time and causation), using always the same accorded to time and causation), using always the same accorded to time and causation), using always the same accorded to time and causation), and the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Exhaustion," "Heart langue,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease etc. The contributory valvular heart affection need not be Nomenclature of the Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Bermanently filed.

PLACE OF DEATH	STATE OF MARYLAND
1.	CERTIFICATE OF DEATH
County Proved alonge	(15-£)
	Registration Dist. No. 23/
Village or City North Alexalut (No. Heights)	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME George W. Meach	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH (Month), 193/
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Pal 21 1847	Dec. 74 1901 g//gr 1 , 1901.
(Month) (Day) (Year)	that I last saw handlive on Teb- 21, 1934,
7 AGE [If LESS than	and that death occurred on the date stated above, at
I dayhrs.	The CAUSE OF DEATH * was as follower
6.7 yrs. 7 mos. / ds. or min.?	myocaracus
8/OCCUPATION (a) Trade, profession or 11	
particular kind of work Wase House	
(b) General nature of industry business, or establishment in	7 8
which employed or (employer) Jarunua .	Quration) yıs. linos. da.
9 BIRTHPLACE (State or country)	Contributory (Contributory (Co
10 NAME OF 2	(Signed) & V. Alphenson M. D.
FATHER MINIMUM	mal 1/21/ 2-8 MX (12,0)15
II BIRTHPLACE OF FATHER	Address Double on In dotte from
Z (State or country) (Mus	*State the lisease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Turknown	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyısds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
ΛΛ . ,	Former or usual residence
(Informant) Virguea Norman	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Hosth Weatur Heighton	anlination Va March 3. 1931
Filed Man 25 1981 M. D. Spielr Local Registras	20 UNDERFAKER of Yoschio Jours appress und Bladeusburg und
If more b.anks are needed, addre.s Ltate Registra	, 13 W. Saratoga St., Balto., Requesting V. S. Iso. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The materia. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engincer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many If the occupation has been changed single word or term on Locomolive engineer, Grocery;

Strtement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.sc. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> Redommendations on statement of cause of telaplus) may be stated under the head of "contributory." as fracture of skull, "PUERPERAL septicacewia," "PUERPERAL perilonitis," etc. American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(E:haustion," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Chronic interstitial nephritis, Whooping "Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature cough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease and consequences (e. g., sepsis, " "Coma," "Convulsions, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH County Village or City Length of residence in city or town wher 2. FULL NAME (a) Residence: No	(Is will) (If the period of a species of a	Registration Dist. No. 245 Registration Dist. No. 245 No. 3
Village or City Jy July Length of residence in city or town where 2. FULL NAME (a) Residence: No. 1.3. (Compared to the compared to the com	e regilificour sed	No. 3 Oak St, Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds. Ward. St., Ward. If nonresident give city or lown and State
Village or City Jy July Length of residence in city or town where 2. FULL NAME (a) Residence: No. 1.3. (Compared to the compared to the com	e regilificour sed	f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs mos. ds. St., Ward. If nonresident give city or town and State
2. FULL NAME 2005 (a) Residence: No. 1.3. (Compared to the compared to the co	(Usual place of abode) TICAL PARTICULARS	St., Ward. If nonrecident give city or town and State
(a) Residence: No/_ 3 (TICAL PARTICULARS	If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	If nonresident give city or town and State
		B.
a one Li solon un film	I describe the poor the court	MEDICAL CERTIFICATE OF DEATH
Famely While	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with His word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed of divorced HUSBANO of (or) WIFE of	a.(huller	22. I HEREBY CERTIFY. That I attended deceased from March 11, 1931, to March 17, 1931
6. DATE OF BIRTH (month, day, and year Cl	W 30/86	I last saw he alive on March 17 , 1931; death Is said
7. AGE Years Months	Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none	Date of oneet
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Dato deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
1/1/1	/ Ostapation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	10	Cardis vascular reval disease
13. NAME to true	Funk hans	er none
14. BIRTHPLACE (city or town)	1101	Name of operation Oate of
(State of Change		What test confirmed diagnosis? Was there an autopsy? Ho
15. MAIDEN NODE OUT	2) 4 runte haus	123 If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	4	Accident, sulelde, or homicide? Oate of injury, 19,
State or country)	000	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT	Head	Specify whether Injory occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	AP 1400 19 B	Manner of Injury
Place Place	J. L. Date 2001., 19	Nature of Injury
19. UNDERTAKER of the State of Chapter of Ch	Wright co	24. Was disease er injury in any way selated to occupation of deceased?
20. FILED March 17, 19 1 74	15 Jas Severe Reputs Registrar.	(Signed) Music Mattingly M. D. (Address) 220 R. D. Age I N. G.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week aga
1921	Run over by street car	1 week ago
July 5, 1927	Perilanitis	3 days aga
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car Peritanitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
I assumed charge of the case during the absence of Dr Guy W. Latimer of
Hyallandle mit she had been his constance fattendant upon this thatent.
I the mereperted absence from the city made it necessary to the agrine chance
in order to conflict the funeral Varrangements.
Manuar Chattingels,
220 R. gave n. E. Warf 1800

V S No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Mence Senger	CERTIFICATE OF DEATH
WITTIN CORPORATE LIMIT OF THE PARTY OF	Registration Dist. No. 245.
Village or City Waltanile (No.	Med Duvd St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME HOLY S. M.	tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SCINCLE, MARRIED, MANUEL WIDOWCE, MANUEL OR DIVORCED	16 DATE OF DEATH 23, 1934
6 DATE OF BIRTH	(Month) (Day) (Year)
37 -212	May 1921 to Tuch 3 1021.
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than	and that death occurred on the date stated above, atm.
69 1 23 1 dayhrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION mos. d. ds. or min.?	Caronia & Bladder
(a) Trade, profession or particular kind of work	V
(b) General nature of industry	
which employed or (employer)	(Durstion)
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Durstion)de.
FATHER LINGE MINE	(Signed) M. D.
OF FATHER (State or country)	*State the Disase Causing Death or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER BANK	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) The Mary & Morae	Former or usual residence
(Address) First malle, Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 UNDERTAKER TO ADDRESS ADDRESS
Filed March 24198 Mis Jas Deneral	of Jasche Squadensburg
If more blanks are needed, address teats Kegistras	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective ci fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enor given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Collon mill; (a) Salesman, For persons who have no occupation (b) Stationary fireman, etc. But in many Automobile factory. The Locomotive engineer, (b) The quesmaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopacumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Iaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomaccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopncumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or misearriage as (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1420)
1. PLACE OF DEATH	(23)
County Trince George	Registration Dist. No. 245
Village or City Riverduld	No. St., Ward
4 -	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos,ds.
0.1 71.41	os. How long in o. o. ii of foreign bitting.
2. FULL NAME John Johns Mu	umaun
(a) Residence: No. (Curl Mall Mall Cusual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white maried (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of State Naumann	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct - 18-1869	last saw harm elive on Mar 9 1931 : death is said
7. AGE Years Months // Days If LESS than	to have occurred on the date stated above, at 3. Am.
5 74 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tel Melofonset
	y lungs
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et 11 Total time (years)	
this occupation (month and year) February 1931 spent in this 29 mg	
12. BIRTHPLACE (city or town) Washington	Other Contributory Causes of importance:
(State or country)	
13. NAME Casper Ylaumann	
13. NAME Casper Yaumann 14. BIRTHPLACE (city or town) Germany	Neme of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Druillia Trans 16. BIRTHPLACE (city or town). Washington for State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Washington (State or country)	Accident, suicide, or homicide?
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAS. C. Mumumu. (Address) 1.3 H 5 A SA S. E.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Fashington W Coate mch 19 81	Nature of injury
t grade s	24. Was disease or injury in any way related to occupation of deceased?
19, UNDERTAKER (Address) Abyallavelle med	If so, specify
20. FILED Mar 10 19 31 mrs. Jas. Servere	(Signed) The Walley M. D.
Registrar.	(Address) Africal State Will
If more blanks are neodd, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting P. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example T			Example II The principal cause of death and related causes Date of onset of importance were as follows:	
The principal cause of death and related causes bet of onset of importance were as follows:				
Arteriosclerosis	APR 4	193 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
Other contributory causes of impor	rtance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 3.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDI

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03431
1. PLACE OF DEATH	93-2
County Prince Georges	Registration Dist. No. 235
Village or City Forestable	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of loralgn birth?
2. FULL NAME Elmen Richard P	a death
(a) Residence: No. Forestrille ma	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (Aprile the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Ruth Padgeth	22. I HEREBY CERTIFY, That I attanded decassed from
6. DATE OF BIRTH (month, day, and year) Sept 9, 1891	I last saw h aliva on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at /_ Gm.
39 5 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	acute Cardiac decomposition
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	0
10. Dato dacassed last worked at this occupation (month and 19%) spant in this occupation occupation.	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
Ŧ T	Name of operation Date ol
[14. BIRTHPLACE (city or town)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 7 fermetta Rebessa Linky	23. Il death was due to axternal causes (VIOL ENCE) fill In also the following:
[16. BIRTHPLACE (city or town) (State ar country)	Accidant, suicida, or homicida? Date of injury, 19
17. INFORMANT Cline P. Padgett (Addrass) Freshold	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place for stricks but Data 3/6/,1934	Manner o1 injury
19. UNDERTAKER Ketake Bro (Address) Reithe nels	24. Was disease or Injury In any way ralated to occupation of deceased?
20. FILED Mas. 4 , 1931 Thas & Suffether	(Signed) Acceptable M. D. (Address) Freelville M. D.
If more blanks are needed address State Registrar	241 N. Charles Street Relaimore Persenting 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 6 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage BURBAU . S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDI

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0.34	122
1. PLACE OF DEATH		
County M. Des Co	Registration Dist. No. 230	
Village or City Selverfull	No. St. St. St. St. St. NAME instead of street and our	Ward
	s. 5 ds. How long in U.S. if of foreign birth? yrs. mos.	
2. FULL NAME anna allice (a) Residence: No. Ste 3 and costu & (Usual place of abode)	ORa cheey C. St., Ward. ff nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rusice the word)	21. DATE OF DEATH and 25 (Dey) 19	3) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended dece March 92, 1931, to march 25	- 0 1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then 1 dey,hrs.	to have occurred on the date stated above, at 5.40Pm. The PRINCIPAL CAUSE OF DEATH end related causes of importance	eath is seid
8. Trado, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or businoss in which work was done, as SILK MILL,	Cerebral hemorrhage n	ete of onset March 20, 193
SAW MILL BANK, etc	Dither Coutributary Causes of importance:	
12. BIRTHPLACE (city or town) Silver Hill My (State or country)	Unit Coursulary Causes of Importance.	
13. NAME Jes H Caghan		
13. NAME LES N Ca Ghay 14. BIRTHPLACE (city or town) Washington (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autop	psy?
15. MAIDEN NAME Coa Grana King 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicido, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State)	., 19
17. INFORMANT Mraamue Kachey (Address) Die 3 anachte DS.	Specify whother Injury occurred in INDÚSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVEL M.L. Piece N. Burbasas Dato 3/2 6 1931	Manner of Injury	
19. UNDERTAKER AND STEER	If so, specify	no
20. FILED 3-26 ,1931 / That & Liffred D. S. Registrar.	(Signed) (Address) Lul the Md	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example ICEIVE	ED	Example II	P. 7
The principal cause of death and related causes of importance were as follows: APR 6 1931	7	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	□ 1021	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BIND

FOR

RESERVED

MARGIN

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Example I	i dige	Example II	
The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Ap	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03424
1. PLACE OF DEATH	948
County Truce George	Registration Dist. No. 243
Village or City Reversall 823	No. Starreson St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME fustine Eusene Rus	Lard
1011	
(a) Residence: No. / 823 Grania (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male 1. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Mch (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Munimie Richard.	22. I HEREBY CERTIFY, That I attended deceased from 1931 to MWN 2 1931
6. DATE OF BIRTH (month, dey, end year) Ill. 2-1846	Mast saw have elive on 700, 1931; death is said
7. AGE Years Months Deys If LESS then I day,hr:	to have occurred on the dele steted ebove, et 200 m. The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 5 or min.	were as follows:
8. Trede, profession, or perticuler kind of work done, as SPINNER, Calviet maker SAWYER, BOOKKEEPER, etc.	W 19 MM (W 10000 71120-19
9 Industry or husiness in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this	
	Other Contributory Causes of Importence:
(2. BIRTHPLACE (city or town) France (State or country)	7/2
	- annous sources,
	Named and Mark
14. BIRTHPLACE (city or town)	Neme of operation Dete of What test confirmed diagnosis? Wes there en eutopsy? #FQ
15. MAIDEN NAME Marie Ladere	23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Marie Ladure 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
7. INFORMANT Munie Richard (Address) Riverdale and	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL, - Pla	Manner of injury
Place arington Wat clinilizate. Meh. 5., 1931	Nature of injury
9. UNDERTAKER F. Sarche Sous	24. Wes disease or injury in any way related to occupation of deceased?
(Madicos) (My allewithe Ma	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chro		street car	1 week ago
Core			3 days ago
- addition of : MARK	IED .		
		Wiceis tributory causes of importance:	
Oth authorises.	ry In.	Musics tributory causes of importance:	
Gall		ritis .	1 year
		SA . S /	
- See letter 3/19/1	31 file	el 10 /	
	-11	8 7	
under WILL	-/3	EMENTS BY PHYSICIAN	
		(*)	

PLACE OF DEATH Registration Dist. No. Village or City Cash Ry St.: Ward) PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month) 6 DATE OF BIRTH thai otion (Month) (Day) (Year) If LESS than 7 AGE I day hrs. The CAUSE OF DEATH ds. or min.? (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) Contributoryo MARGIN 9 BIRTHPLACE Secondary (State or country) 0 AUS ENT OF FATHER (State or country) AR ate ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER 70 Where was disease contracted, if not at place of death? Former or usual residence Every i

If more bianks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME instead of street number.) MEDICAL CERTIFICATE OF DEATH (Day) HEREBY CERTIFY. That I ettended the decessed from and that death occurred on the date stated above, at *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-State yrs mos ds. DATE OF BURIA

Maria Santa

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cottan mill; (a) Salesman. (b) Grocery. (a) Foremon, (b) Automobile factory. The material tired 6 yrs). For persons who have no occupation laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, For many occupations a single word or term on Farm loborer, without more precise specification as Day (a) the kind of work and also (b) the Loborer--Coal minc, etc. Womnot gainfully em-(ro-I

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fever the only definite synonym is "Epidemic cerebrosphial spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Erhaustion," "Heart failure," "Haemorrhage," (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of heud-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic etc. valvulor heart diseose; Nomenclature The Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

DINDIN

FOR

MARGIN RESERVED

AGE should be stated EXACTLY, PHYSIcarefully supplied

WITH UNFADING INK---THIS

PLACE OF DEATH	STATE OF MARYLAND
County of George	Registration Dist. No. 24
Village or City Glenn Dale (No. 2 FULL NAME Edgar Rif	enburk St; Ward) (If death occurr a hospital or in tion, give its NAM stead of street number.)
PERSONAL AND STATISTICAL PARTICUL	
male white SixCIE, MARRIED, WIDE OF HYORCED (Write the wor	Month (Day)
G DATE OF BIRTH Jan 17	17 I HEREBY CERTIFY, That I attended the decensed Mch 1931, to Mch 12, 1851 that I last saw humalive on Mch 12
	LESS than dayhrs. The CAUSE OF DEATH At was an follows: Cary alysis
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). BIRTHPLACE (State or country) New Yorks Sla	Contributory Heart Facture
new fore 214	ile
10 NAME OF Isial Riferby	
11 BIRTHPLACE OF FATHER (State or country) New York St	Accidental, Suicidal or Tromfeidal. (Address) Lleuw Dale & State the Disease Callsing Death, or, in deaths from Violant Causes, state (1) Means of Injury; and (2) whether the Callson of Tromfeidal.
11 BIRTHPLACE OF FATHER (State or country) New York St	*State the Disease Capsing Death, or, in deaths free Violent Canses, state (1) Means of Injury; and (2) wheth Accidental, Suicidal or Hombidal. 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Sents, or Recent Besidents) At place of death yrs. mos. da. State,yrsmos.
11 BIRTHPLACE OF FATHER (State or country) New York St 12 MAIDEN NAME 5 OF MOTHER Carrily Adam 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF TY KNOW (Informant) Mary Referrals	*State the Disease Chrising Death, or, in deaths from the Vicionic Causes, state (1) Means of Injury; and (2) wheth Accidental, Suicidal or Touricidal. 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Sents, or Recent Peridents) At place of death yrs. mos. da. State, yrs. mos. Where was disease centracted, if not at place of death? Former or usual residence.
11 BIRTHPLACE OF FATHER (State or country) New York St 12 MAIDEN NAME 5 OF MOTHER Guily Adam 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF Y KNOW MALLIE OF MOTHER MALLIE OF MOTHER (STATE OF MOTHER)	*State the Disease Chrising Death, or, in deaths from the Violant Causes, state (1) Means of Injury; and (2) wheth Accidental, Suicidal or Trounfeidal. 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Sents, or Recent Peridents) At place of death yrs. mos. da. State, yrs. mos. Where was disease centracted, if not at place of death? Former or

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing beath, whatever, write None. tired 6 yrs.). Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planton tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation If the occupation has been changed

Statement of Cause of Death—Name, first, the pist! EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ocrebrosp half fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumouia,")

ment of cause of death approved by Committee on head of "contributory." quences (c. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) as probably such, if impossible to determine definitely ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or homicidal, or diseases resulting from childbirth or miscarriage as can be ascertained as the cause. taken. For violent dualis state means of injury State cause for which surgical operation was under-"Puerperal septicaemic," "Puerperal peritonitis," etc. "Uracmia," "Weaknes." etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse, conditions, such as "Asthenia," "Anacmia" (merely ary), 10 ds. vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles;(name orlgiu; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be "Debility" ("Congenital," "Senile," etc.) Never report mere symptoms or terminal Chronic valvular heart disease; (R~commendations on state-Example: Measles Always qualify all " "Coma," "Con-(second (discase

If this certificate is 10 ked over thoroughly and all questions hoswered in detail, it will prevent further correspondence. All the data is assential and must be obtained before the certificate is permanently filed.

JREAU

V. S. No. 1

20

PLACE OF DEATH	03437 STATE OF MARYLAND
County Prince Thoras	CERTIFICATE OF DEATH
	Registration Dist. No. 72 238
Village or City Oden Hill (No. X	St.: 70 Ward) (If death occurred in a hospital or institution, give its NAME Irstead of street and
2FULL NAME TO name	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERT FICATE OF DEATH
BOY bolored Single, MARRIED, WIDOWED OR DIVORCED NEITHER	16 DATE OF DEATH (1001 3 - 27-195) (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h X alive on X , 192 ,
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at
I day hrs.	The CAUSE OF DEATH * was as follows;
BOCCUPATION	Mayor Mayor Mayor
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	Dank Know (Duration) vrs de.
which employed or (employer)	
SBIRTHPLACE (State or country)	Contributory Secondary
Maryland Vornel Deorge County	(Duration)ds.
FATHER Joseph Lavoy	(Signed) M.D.
OF FATHER P	*State the I iscase Causing Death, or, in doaths from
Z (State or country) June Les Cos MX	*State the Iriscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homloidal.
of MOTHER Rosetta Lavoy	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent, Residents)
13 BIRTHPLACE OF MOTHER (State or Country) June 1/ Jan So M	At place In the of death yrs
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Dought Andrew	Former or usual residence
(Informant) Joseph Havoy (Address) Oxen Rail ma	Thoranden Oden July 3/28, 1931
Filed 3/28 1924 Duy Ninumay Registral	20 UNBERTAKER JOSEPH ADDRESS DEN HALL ME
If more banks are needed, addre. s tate Kegistrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook definite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: (a) Foreman, (b) Automobile Jactory. The materia. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken work, or At Home, ; and children, household, only (not paid Housekeepers who receive a er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g. . Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons en-For many occupations a single word or term on yis). For persons who have no occupation Stationary fireman, etc. But in many not gainfully em-

EA. CAUSENG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur preumonia, Bronchopneumonia ("Pneumonia,")

"telanus) may be stated under the head of "contributory." Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st.ted unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Chronic valvular heart etc. The contributory affection need discase ; not be

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

22

	PLACE OF DEATH	STATE OF MARTLAND
	Sunty Prince George.	CERTIFICATE OF DEATH
	age or City Greater Caft Halts	Registration Dist. No.235
Villa	2 FULL NAME Walter L. Shipley	St: Ward) If death occurred in a lospital or institution, give its NAME instead of street and humber.)
	FOLL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
m	ale. White SANGED, WARRIED, WHOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 D4	9an. 30 th 1865.	that I last saw h sam alive on hour 10 , 1981.
7 AG:	(Month) (Day) (Year) E	and that death occurred on the date stated above, at
(a)	CCUPATION) Trade, profession or urticular kind of work.	Pulmonay Edema
(b) bu) General nature of industry usiness, or establishment in hich employed or (employer) RTHPLACE	(Duration) yrs mos de.
	(State or country) Md.	(Duration)yrs, 3os ds
	10 NAME OF Robert 74. Shipley	(Signed) Walter In 6 away M.D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal,
PAR	OF MOTHER Mary E. Ford.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) What.	At place of death yrs. mos da. State, yrs mos. de. Where was disease contracted,
	(Informant) ada May. Shipley	Former or usual residence
	(Address Greater Capt. Tightin	adar Hill, Md. 3-13 19
15 F	Filed 3/13 1931 Commission Registrar	Thomas F. Mun ayo fow 2007- Nichols
	r more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1

119/19%

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

HOIL nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer fulness of various pursuits can be known. The ques cupation is very important, so that the relative healthor given up on account of the pisette causing Death gaged in domestic service for wages as Servant, Cook to report specifically the oec pations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife. House household only (not paid Houseksepers who receive A en at home. laborer. Farm laborer, Laborer—Coal mine, etc. Wom er," etc., without more precise specification as Never return "Laborer." "Foreman." "Manager." "Deal worked on may form par' of the second statement (a) Foreman. (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if mary to know (a) the kind of work and also (b) the cases, sepecially in industrial employments, it is neces Civil engineer. Stationary fremen. etc. But in many the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed work, or At Whatever, write None. Statement of Occupation Precise statement of ocapplies to each and every person, irrespective of For many occupations a single word or W.8.). who are engaged in the duties of the Home, and children, not gainfully em-For persons who have no occupation The materia

Ass. causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ocrebrospinal faver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

inues, peritonacum, etc., Carcinoma, Sarcoma, etc., of ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); Mensiles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart rulsions." "Debillty" ("Congenital," "Senile." etc.) symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" causing death). 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; train-accident; Revolver wound of head-homicide; Examples: Acoidental drowning; Struck by railway as probably such if impossible to determine definitely and qualify as ACCIDENTAL. SUICIDAL, OF HOMICIDAL, OF taken. For violent braths state means of injust State cause for which surgical operation was under-"PUERPERAL septiceemic." "PUERPERAL peritonitis," "Uraemia." "Weaknes." etc., when a definite disease Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The na ... (name origin; "Cancer" is less definite; avoid (e. g., sepsis, tetanus) may be stated under the (Recommendations on state-Example: Meastes Always qualify all failure." "Haemor-The contributory (disease (second-(merely

If this certificate is looked ever thoroughly and all questions answered in detail, it will prevent author correspond ence. All the data is essential and must be obtained before the certificate is perplaneatly flee.

the certificate is permanistily flea.

	63429	1 7
PLACE OF DEATH	STATE OF MARYLAND	
County Prince Lerges	CERTIFICATE OF DEATH	
Village or City Och for Mar flore (Nother)	Registration Dist. No. 23	
2 FULL NAME agnes Bino	a hospital or i give its NAM of street and	IE Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Finnale Color or RACE 5 SINGLE MARRIED, Millowed OR DIVORCED OR DIVORCED, Write the word)	16 DATE OF DEATH Morch 26 (Month) (Day)	, 198/ (Year)
8 DATE OF BIRTH	HEREBY CERTIFY, That I attended decease	sed from
(Month) (Day) , 1906	that I last saw h & T and on read Merch	6412B/
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:	6 a m
B OCCUPATION (a) Trade, profession, or particular kind of work (b) Trade, profession, or particular kind of work	Phild bogo Margh &	25-19
(b) General nature of Industry business, or establishment in which employed (or employer)	Jasch 2 p 1 9 B (Suration) 7 75 moi	Recu.
* BIRTHPLACE (State or country) Mary Land	Contributory Wild Course	
10 NAME OF FATHER HONNING Belf	(Signed) O Maguine	4-fg M.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from V CAUSES, State (1) MEANS OF INJURY; and (2) whether Accel Suicidal or Homicidal.	VIOLENT DENTAL,
a of Mother of an alnea, & mones	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TA	RANSIENT
13 BIRTHPLACE OF MOTHER (State or country) Many Lond	OR RECENT REGIDENTS) At place of deathyrsmesds. State,yrsme Where was disease contracted.	108d
(Informant) Henry Bell	if not all place of death?	
(Address) Ispar Markey Mil	19 PLACE OF BURIAL OR REMOVAL BATE OF BURI	Bal B
15 march 2131 M Zum / 4	20 UN VERTAKER ADDRESS	,

REGISTRAR

[Approved by U. S. Census and American Public Resith
Association.]

or given up on account of the DISEASE CAUSING DEATH, write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemuil, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers "Foreman,"—"Manager," "Dealer," etc., without more precise specification as Day laborer, Furna laborer, Laborer mobile jactory. The material worked on may form part mill; (a) Sulesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthfulsecond statement. For persons who have no occupation whatever Stationary fireman, etc. But in many cases, Women at home, who are engaged in the occupations of persons At home. Care Never return Locomotive engineer, If retired from "Laborer," Should (b) Auto-

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia, meninunqualified. is indefinite); Tuberculosis of lungs, menin

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably under the head of "Contributory." (Recommendations suicide. surgical operation was undertaken. For violent deaths to determine definitely. Examples: Ascidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, "Puerpenal perilonitis," etc. birth or miscarriage ete., when a definite disease can be ascertained as the genital," "Senile," etc.), "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Amaemia" symptoms or terminal conditions, such as "Asthenia, chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uraemia," "Weakness, Always qualify all diseases resulting from child in miscarriage as "Publipenal soptichaemia," The nature of the injury, as fracture of skull (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-(seeondary), 10 ds. Never The contributory (secondary or intercur-"Dropsy," State cause for which "Exhaustion, report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Address

63430

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	St.: Ward) a (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH MAN 39 , 1934
	(Month) (Day) (Year)
-	17 I HEREBY CERTIFY, That I attended the deceased from
	man 38 1931 . 10 mon 39, 131
Į	that I last saw h smalle on march \$ 1921.
1	and that death occurred on the date stated above, at 9 304 m.
	The CAUSE OF DEATH * was ans follows:
)	menualis no laboration
	work done. No further information
	Cov J. A.
	(Duration)yrsmosds.
	Contributory Secondary
	(Duration)ds.
-	(Signed) anes James M. D.
1	March 79.1981 (Address) to ustra
	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	ients or Recent Residents)
	At place of death yrs mos. ds. State yrs mos. ds.
	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Loone Mer March 31, 18/
	20 UNDERTAKER ADDRESS
	Wildhoffer Milling Red

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

bee but cert for claim of dat

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The questo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-" etc., without more precise specification as Day Foreman, Or For many occupations a single word or term on yrs). Farm laborer, At Home, and children, Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Laborer—Coal minc, etc. Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicite. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

MARG

Registration Dist. No. 2 (If death occurred in Ward) a hospit il or institution, give its NAME i. stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED WIDOWED. DIVORCED the word) (Month) (Day) (Year)..... I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) 7 AGE IIfLESS than and that death occurred on the date stated above, at The CANSE OF DEATH * was as follows: I day hrs. mos. ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country (Duration) 10 NAME OF FATHER Z *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether ш Accidental, Suicidal or Homicidal, A 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs......ds. State.....yrs.....mos......ds. (State or country) Where was disease contracted. if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence ADDRESS If more branks are geeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in dome tic service for wages, as Surrent, Cook, Housemaid etc. If the occupation has been changed definite salary, may be entered as How wife, Housework, or At Home, and children, not gainfully em-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. fulness of various pursuits can be known. Statement of Occupation - Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer reor given up on account of the DISHA E CAUSING DEATH, to report ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, the first line will be sufficient, e.g., Furmer or Planter, tion applies to e.ch and every person, irrespective of Foreman, especially in industrial employments, it is neces-Farm laborer. (b) Cotton mill; (a) Salesman, (b) man, (b) Automobile factory. The Suru specifically the occupations of persons en-For persons who have no occupation occupations a single word or term on Luborer--Coul mine, etc. Wom-Locomolive But in many material engineer, Grocery;

Statement of Cause of Death—Name, first, the Die ball catts of Cause of Death—Name, first, the Die ball catts of Cause of Death—Name, first, the big ball catts of catts of cause of the same acceptance of the only definite synonym is "Epidemic cerebrospinal meningitis"; Dishther a roll use of "Croup". Typhoid fever never report "Typhoid Pheumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(Recommendations on statement of cause of "Exhaustion," "Heart failure," "Inamition," "Marasmus," "Old Age," "Shock, "Uraemia," "Weakness," etc., when a Jac." as tracture of skull, and consequences in g., sepsis, telanus) may be stated under the head of "contributory." stated unless important. American Medical Association. approved as fracture of skull, and consequences to carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Powoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis tions, such as "Asthenia," "Anaemia" (merely symptomcausing death, 29 ds.; Brenchopneumania (secondary), Whooping cough; use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite; Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was diseases Chronic interstitial nephritis, (secondar, or intercurrent) affection need Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Committee on for malignant neoplasms); "etc., when a definite disease Example: Measles (disease etc. valuatar heart Nomenclature The contributory Always qualify all disease; Measles; not be under-

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Gecupation

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MOTHER FATHER

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TION is very important.

WRITE PLAINLY

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03432
1. PLACE OF DEATH	MITT BY (OO)
County rusce Jug	Registration Dist. No. 239
Village or City Jaugel Ma	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long to U.S. if of foreign birth? yrsmosds.
2. FULL NAME & Sporth Stay tow	
(a) Residence: No. Laurel M.C. 10	Le St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male white De Divorced (write the word)	3 (Month) 2 , 193 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
DATE OF BIDTH Worth downed was (1821/28-1816	180.6 3 / 2 193 /
DATE OF BIRTH (month, day, and year)	I last saw have alive on 193 ; death is said to have occurred on the date stated above, at 9.45 Am.
5 % /0 2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
N S Trade profession or particular	Theretis Lift Jurisul Date of onest
kind of work dona, as SPINNER, bulled Obelfice SAWYER, BODKKEEPER, etc. Level Obelfice	vin + Inprior vina ceoa 2/1/31
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	, , , , , , , , , , , , , , , , , , , ,
10. Date deceased last worked at this occupation (month and the 20-3 spent in this 90 410 occupation)	
yaar) occupation occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Howard Co hul.	Coronery Emples 3/2/31
13. NAME Colward Stanton	4
14. BIRTHPLACE (city or town) Tutof (State or country)	Name of operation. Office States of 1/6/31. What test confirmed diagnosis? Was there an autopsy? 4 ga
15. MAIDEN NAME Chimie Boswell	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) ULLA (State or country)	Accident, suicide, or homicide?
7. INFORMANT My Puth Bota? Wengliter (Address) Quirel and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place XVY TYLL NOW Date Mich 5th, 1931	Manner of injury
9. UNDERTAKER Logy Raises	24. Was disease or Injury in any way related to occupation of deceased?
(Address) & aprel md	If so, specify
O. FILED MUS 1931 M. Brasheare	(Signed) M.D.
Registrar.	(Address) Tusel our

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	
The principal cause of dea of importance were as foll	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BUREAU V.	3 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	BUNEAU	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH XACTLY, F Registration Dist. No (If death occurred in a hospital or institu-tion, give its NAME inproperly class stend of street and number.) stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 5 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. be WIDOWED, OR DIVORCED may (Write the word) 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Month) (Year) and that death occured on the date stated above, at ... IIf LESS than 7 AGE The CAUSE OF DEATH * was as follows; I day hrs. min.? 8 OCCUPATION (a) I rade, profession or particular kind of work. (b) General nature of industry business, or establishment in (Duration) . 6 which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER 0 (Address) 11 BIRTHPLACE *State the Discase Causing Ceath, or, in OF FATHER LZ Violent Caus s, state (1) Means of Injury and (2) whether CAUS (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP. ients or Recent Residents) 1 13 BIRTHPLACE In the At place of death. OF MOTHER State yrs mos ... (State or country) 00 Where was disease contracted, if not at place of death? should ent of Former or Every Item CIANS sho statement usual residence..... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ADDRESS 20 UNDERTAKER Filed If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tahorer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Nanuger," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queswhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House er," et:., Civil engineer. Physican, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enfirst line will be sufficient, e. g., Farner or Planter, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day Compositor, Architect. Stationary fireman, etc. (b) Automobile factory. The Locomoline engineer But in many material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic rereprospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; babar pneumonia. Bronchopmanmonia ("Pneumonia.")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease State cause for which surgical operation was under-"PUERPERAL septicaemio," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles inges, peritonaeum, etc., Carcinoma, Sarcomo,, approved by Committee on letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUIGIDAL, or HOMICIDAL, diseases Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainsecondary or (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; intercurrent) Chronic valrular heart disease; etc. affection Nomenclature The contributory need not be etc., or

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. An the duta is essential and must be obtained before the certificate is permanently filed.

ECORD	tated EXACTLY, PHYSI- operly classified. Exact certificate.	PLACE OF DEATH County Truice Georges Village or City Mt Paierie (No. 36/7 2 FULL NAME George Lewers	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 235 St.: Ward) (If death occurred in a hospital or institution, give its NAMK instead of street and humber.)
ED FOR BINDING NKTHIS IS A PERMANENT	y supplied ACE should be state in terms so that it may be prop special	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH A COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH A COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word) (Write the word) 1 AGE 1	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from SES 1930 192 to Much 7 1921. (that I last saw ham alive on Marcel 1, 1821. and that death occurred on the date stated above, at 300 pm. The CAUSE OF DEATH it was as follows:
MRITE PICTY, WITH UNFADING I	Every item of information should be carefull CIANS should state CAUSE OF DEATH In pla statement of OCCUPATION is very important:	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 3 6 7 - 3 3 April Pure (Address) 3 6 7 - 3 3 April Pure	Contributory Secondary Contributory Contr
Y. S. No.	. E	Filed 3/25 1921 ZO Micon Registrer (Thomas F. Murrayo for 2007- nichole

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occ pations of persons enployed, as At achool or At home, (are should be taken en at home, who are engaged in the duties of the wlatever, write None. business, that fact may be indicated thus: Furnier (re-Housemaid, etc. gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Never return "Laborer," "Poreman," "Manager," "Dealworked on may form par, of the second statement, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, zhould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient. e. g., Farmer or Planter, (4) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, eupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. tion applied to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At yr8.). without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-But in many

Etacement of Cause of Death—Name. first, the disease causine death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthera (avoid as of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

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TI this certificate is looked over thoroughly and all quesment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; and qualify as accidental, suicidal, or Hollicidal, or "PUERPERAL septicaemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inunition." "Marasmus," "Old Age." "Shock," symptomatle), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Uraemia," "Weaknes..." etc., when a definite disease "Dropsy," "Exhaustion." "Heart failure." "Haemorary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for mallguant neoplasms); vulsions." (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid inges, peritonasum, etc., Carcinoma, Sarcomu, etc., of unqualified, is indefinite); Tuberculosis of lungs, men FOR VIOLENT DEATHS STATE MINANS OF INJURI "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-"Coma," Medsles; (second-(merely not be "Con1 5

County Prince	George,	CERTIFICATE OF DEATH Registration Dist. No. 230
Village of Gir Berun		St.: Ward) (If death occurred a hospital or institution, give its NAME in tead of street a number.)
PERSONAL AND ST	ATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
male whik	R RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED OR DIVORCED (Write the word	(Month) (Day) (Yea
6 DATE OF BIRTH	ary 29th (Nohth) (Day)	1892 that I last saw h/ M. alive on Mar 23, 198
7 AGE39yre	1 24 11 1	LESS than layhrs. The CAUSE OF DEATH & yes as follows:
(a) Trade, profession or particular kind of work	y State Rock,	
o II BIRTHETAGE	allerer Was	(Signed) Stranglinstellon M
(State or country) 12 MAIDEN NAME OF MOTHER Ma	rial Phea.	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO	ATT.	At place of death was if not at place of death? At place of death of the state, of the state, of the state, of death? At place of death of the state, of t
(Informant) am	Oliver Wate	Former or washington AC
(Address) Burn	11. X/X-411	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	ag on ma	Washington P.Cs Much 27, 19.3

STATE OF MARYLAND FICATE OF DEATH

	MEDICAL CE	RTIFICATE	OF DEATH	
16 DATE OF	DEATH Me	(Month)	24 ⁴ (Day)	, 19 3 /.
ma that I last	ereby Certicel 19 19 19 19 19 19 19 19 19 19 19 19 19	FY, That I a	ttended the de	3, 192 , 192
The CAUSE	of DEATH &	Teres	onia	

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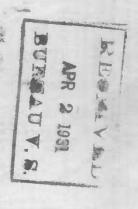
Contributory Secondary	acute Candrae D.	ilitation
B	(Duration)yrs	mos

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are ougaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery, should be used only when needed. As examples: (a) r:ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, capecially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. :..red 6 yrs.). business, that fact may be indicated thus: Farmer (reto report specifically the occupations of persons enworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pnanmania."



use of "Tumor" for malignant neoplasms); Measics; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosts of lungs, menas probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitual nephritis, etc. The contributory(name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences ture of the injury, as fracture of skull, and conse Pottoned by carbolic acid-probably suicide. train-acoldent; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway vulsions," "Debility" ("Congenital," "Seniie," etc.) (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS State MEANS OF INJUNE (e. g., sepsis, tetanus) may be stated under the "contributory." such as "Asthenia," "Anaemia" (Recommendations on state-Example: Measles (disease (secondterminal (merely

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f. R. No. 1

PLACE OF DEATH County Proposate Liverage	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 245
Village or City) Yattsville (No.Ms.)	St.: Ward) (If death occurred in a hospitel er institutien, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Aug. (Month) (Day) (Year)	16 DATE OF DEATH March. 23, 192/ (Month)—(Day)—(Year) 17 I HEREBY CERTIFY, That I attended the decreased from March 192/, to March 192/, that I last saw ham alive on March 23, 193/.
OCCUPATION (a) Trade, profession or particular kind of work If LESS than I day hrs. or min.?	and that death occured on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration) 3 yrs incs ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (M.D. 192/ (Address) (M.D. 192/ (M.D. 19
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) WEIGHT	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transferts or Recent Residents) At place In the State yrs mos ds.
(Informant) Laura Malson (Address) A Phyallsville md	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL Mell 35, 193! 20 UNDERTAKER ADDRESS
Filed Masch 25/98 1 Masch and Market Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

03436

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health work, Spinner, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coat mine, etc. women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Dealshould be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, .,, etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation (b) Automobile Salesman. (b) Groccry; factory. The material Locomotive engineer,

> "(Exhaustion," "Heart ranure, "Old Age," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage,

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease

State cause for which surgical operation was under-

FOR VIOLENT DEATHS State MEANS OF INJURY

tions, such as "Asthenia," "Anaemia" (merely symptom-

"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary),

causing

(secondary

or intercurrent)

affection need not be etc. The contributory volvular heart discuss;

Chronic interstitial nephritis,

cough;

Chronic

stated unless important. Example: Mcasles (disease

inges, perilonaeum, etc., Carcinoma, Sarcoma,

etc., ol

unqualified, is indefinite); Tuberculosis of lungs, men-

use of "Tumor" for malignant neoplasms); Meusles;

.... (name origin; "Cancer" is less definite; avoid

Typhoid fever (never report "Typhoid Pneumonia" spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebros pinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS (the only definite synonym is "Epidemic cerebry pneumonia Branchopneumonia ("Pneumonia"

> If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the days is essential and must be obtained before the certificate in permanently filed.

telanus) may be stated under the head of "contributory."

(Recommendations on statement of cause of

as fracture of skull, and consequences (e. g., sepsis,

approved by Committee on Nomenclature of the

American Medical Association.)

carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL,

Examples: Accidental drowning; Struck by railway train-

If nonresident give city or town and State CERTIFY, Thet I attended daceased from Date of opset (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	H	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ADD D 1021	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NUMBAUTE	July 5, 1927	Peritonitis	3 days ago
Other contributes	6			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. BEvery Item of Inc. CIANS should	WRITE FE 21, WITH UNFADING INV-III	N. B Every Item of Information should be carefully suppli	CIANS should state CAUSE OF DEATH in plain terms	statement of OCCIIDATION is very important See ins
	WKIIE FL	Every Item of information	CIANS should state CAU	etatement of OCCIIDATIO
		N. B.		

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Sty Sus	CERTIFICATE OF DEATH
n_0	Registration Dist. No. 233.
Village or City //aylw (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Tils.	a hospital or institu- tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hurale White Single, MARRIED, WIDOWED Lugle (Write the word)	16 DATE OF DEATH MURCLES 1924 (Month) (Day) (Year)
6 DATE OF BIRTH Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE · Iff LESS than	and that death occured en the date stated above, atm.
O yrs. O mos. O ds or O min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Sillforn
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Daranon) 4 yred mos de
FATHER W. Burnes Wilson	(Signed) William Typhons M.D. Men 2/ 1921 (Address) Crown ma
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Willy M Emisson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds.
14 THE ABOVE IS DRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) / Burnes Mison	Former or usual residence
(Address) Maylor	Thomas Church Mar 23. 19.31.
15 Filed Mars 2 1931 Ernest N. Barne Registrar	Burns Wilson Daylor, ma
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

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spinal meningitis"); Diphtherua (avoid use of "Croup") Typhoid ferer (never report "Typhoid Pneumonia") ed term for the same disease. Examples: Cerebrospina Statement of Cause of Death-Name, first, the DIS to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebro pneumonia, Broncho pncumonia ("Pneumonia,

> inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Caneer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease " Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Txhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage letunus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY ean be ascertained as the cause. (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature of the "Atrophy," "Collapse," "Coma," "Convulsions," cause for which surgical operation was under-Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valvular heart Always qualify all discuse;

If this certificate is looked over thoroughly and all questions answeed in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

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SORD

PLACE OF DEATH

County Prince George

(124-6-)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	232
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Village or CityUpper Marlboro (No.

.....Ward) St.:

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

John Thomas Young 2FULL NAME

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH				
3 9	Male	4 COLOR OR RACE Black	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word	Widowed	16 DATE OF DEATH	(Month)	(Day)	(Year)
6 [ATE OF BIR	TH Jai		., 1852 (Year)	April la 19230	o to Ma	rch 28	
7 A	GE	79yrs. 2	mos. 19 ds.	If LESS than I dayhrs. ormin.?			l above, at	
() p () b	b) General nusiness, or e	ofession or d of work			Interstitial Nep	Surstion)	y14,	mosds.
9 E	State or con		land		Secondary	Duration)		mosds,
RENTS	10 NAME OF FATHER Unknown 11 BIRTHPLACE OF FATHER (State or country) 17			(Signed) Cervidy Mach 3/. 193/. (Address *State the Disease Cas Violent Causes, state (1) Accidental, Suicidal or Homicid) Wfil	nareb.	mohud	
PAR	12 MAIDEN NAME OF MOTHER Jane Young 13 BIRTHPLACE OF MOTHER Maryland			18 LENGTH OF RESIDENCE ients or Recent Residents) At place of deathyrsmosds	(For Hospi	tals, Institu		
(State or Country) MELLY TAILED 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lorenzo Young			Where was disease contracted, if not at place of death?		00=00 00 00 00 00 00 00 00 00 00 00 00 0			
	•) Lorenzo rou (cesa) Upper Ma			Upper Marlboro, Mo			51 1931_
15	Filed Ma	rch 31 19231	R. Ernest S	Smith Registrar	20 UNDERTAKER Ritchie Bros.		Rit ch i	e, Md.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Automobile factory. The material As examples: (a) (6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Received 6 1931

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (Recommendations on waternent of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, VIU Age,
"Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart lange," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is to be the data is essential and must on obtained perform the certificate is permanently and all the data is essential and must on obtained perform the certificate is permanently and all the data is essential and must on obtained perform the certificate is permanently and all the data is essential and must on obtained performance. All the data is essential and must on obtained performance are the certificate is permanently and all the data is essential and the certificate is permanently and all the data is essential and the certificate is permanently and all the certificate